# **Occupational Authorizations**



Yes

#### for the meeting of the ALC-OCCUPATIONAL LICENSING REVIEW SUBCOMMITTEE Thursday, February 15, 2024 at 2:00 PM

Department of Health					
LICENSED LAY MIDWIFE					
Authorization Type:	Licensure	# of Individuals Regulated:	31		
Entity Division Name:	Women's Health				
Scope of Practice:	women who are at a low risk for the d childbirth and whose expected outcom	provide antepartum, intrapartum, and postpartum can evelopment of medical or obstetric complications of the is the delivery of a healthy newborn and an intact of the healthy newborn immediately following deliver	f pregnancy or placenta. The		
Statutory Requirement(s):	or more of their population below the superseded Act 838 of 1983, and expa LLM Act directs the Arkansas State B	ful practice of Licensed Lay Midwifery in counties h poverty level. Act 481 of 1987 (the Licensed Lay M unded the lay midwifery licensure statewide. Specific oard of Health (BOH) to administer the provisions of opt rules governing the qualifications for licensure of Lay Midwifery.	Iidwife Act) cally, the of the Act and		

Pursuant to Arkansas Code §17-4-104, do you provide an automatic licensure to a uniformed service member stationed in the State of Arkansas, a uniformed service veteran who resides in or establishes residency in the State of Arkansas; and the spouse of a uniformed service member who is stationed in, resides in, or establishes residency in the State of Arkansas; a uniformed service member who is assigned a tour of duty that excludes the uniformed service member's spouse from accompanying the uniformed service member and the spouse relocates to this state; and a uniformed service member who is killed or succumbs to his or her injuries or illness in the line of duty if the spouse establishes residency in the state?

Fees & Penalties				
Fee Type	Fee Description	Amount (\$)	Frequency	
Fee	Licensure Fee	\$0.00	Once	
Administrative Rules Documents				
Document Type	Document			
Rules	FINAL_2022_LLM_Rule_(signed.pdf			
Supporting Evidence	e Documents			
Document Type	Document			
Public Health and Safety	2024.01.11_Occupational_Entity_Questionnaire.pdf			

# ALC – Occupational Licensing Review Subcommittee Occupational Entity Questionnaire Licensed Lay Midwife (LLM)

Responses to the following questions are due via email to Subcommittee staff no later than the 15<sup>th</sup> of the month immediately preceding the month the occupational authorization is scheduled for review by the Subcommittee.

- Would consumers be at risk of substantial harm if Arkansas did not have this occupational authorization? What instances of specific and substantial harm have been documented in the past year?
  - a. Removal of the occupational authorization could eliminate any oversight or educational requirement for lay midwives in Arkansas.
  - b. Birth outcomes for home birth consumers could be negatively impacted with the elimination of the minimum standards now required for licensing.
  - c. There are no known instances of harm to a consumer using an unlicensed lay midwife documented within the past year.
- 2. How many complaints were made to the occupational entity by consumers being harmed by <u>unauthorized</u> practitioners? What specific action was taken by the occupational entity?
  - a. In the past three years, there have been three (3) complaints made against unlicensed lay midwives practicing in Arkansas:
    - i. 2021 Fetal death; home birth with unlicensed lay midwife; report received from local law enforcement agency; information submitted to law enforcement as requested.
    - ii. 2021 Infant death; home birth with unlicensed lay midwife; complaint received from anonymous complainant; information reviewed and submitted to prosecuting attorney.
    - iii. 2021 Transfer due to excessive bleeding after home birth with unlicensed lay midwife; Cease & Desist letter sent to unlicensed lay midwife.
- 3. How many complaints were made to the occupational entity by consumers being harmed by <u>authorized</u> practitioners? What specific action was taken by the occupational entity?

## ALC – Occupational Licensing Review Subcommittee Occupational Entity Questionnaire Licensed Lay Midwife (LLM)

- a. In the past three (3) years there have been four (4) complaints made against a licensed lay midwife in Arkansas:
  - i. 2022 Complaint received from medical staff at receiving hospital after client transported to hospital for excessive bleeding after home delivery; case review determined that LLM actions associated with identifying the condition and initiating client transport were appropriate.
  - ii. 2023 Complaint received from medical provider that LLM was inappropriately using the National Provider Identifier (NPI) number of a Certified Nurse Midwife (CNM) to order medical tests for a client; interviews with the LLM and the CNM determined this was an unfounded allegation; the order was placed by the CNM, not the LLM.
  - iii. 2023 Complaint received from LLM client alleging patient abandonment; Complete case review performed; findings discussed with LLM. No disciplinary actions were taken.
  - iv. 2023 Complaint received from medical staff at receiving hospital after client was transported during labor for fetal distress; active case investigation.
- 4. Were any applicants who otherwise met authorization requirements denied an authorization in the past year? If so, why?
  - a. No applications for licensed lay midwifery have been denied in the past year.
- 5. How much does the occupational entity collect annually in fees, and what are annual expenses? How much money does the occupational entity have in reserves?
  - a. There are no fees or expenses associated with the LLM licensure process.
  - b. There are no reserve funds.
- 6. If the occupational entity has a positive amount in reserves, when was the last time reserve funds were used? For what purpose?
  - a. N/A
- 7. Does the occupational entity have any other sources of revenue? Could occupational authorization fees be reduced without causing the occupational entity to be underfunded?
  - a. There is no outside source of revenue for the licensed lay midwife program.

## ALC – Occupational Licensing Review Subcommittee Occupational Entity Questionnaire Licensed Lay Midwife (LLM)

- b. There are no fees associated with the LLM licensure process.
- 8. How many applicants for the occupational authorization fail each year? Does the occupational entity track how many applicants that do not progress are veterans, women, or minorities?
  - a. Zero applicants have failed to obtain licensure as a lay midwife in the past three (3) years.
  - b. While that data would be obtainable, it is not specifically tracked.
- 9. Can applicants complete the training requirements for this occupational authorization with vocational or non-traditional education (e.g., apprenticeships)? What percentage of applicants complete apprenticeships?
  - a. Applicants for licensure as a lay midwife in Arkansas are required to hold a Certified Professional Midwife (CPM) credential from the North American Registry of Midwives (NARM). The CPM credential may be obtained solely through an apprenticeship program or by successful completion of a midwifery program from an accredited school.
  - b. As of 12/31/2023, there were 31 lay midwives licensed in Arkansas. Of those licensees, 87% (27 licensees) obtained licensure through an apprenticeship program.
  - c. Applicant information for the last three (3) years:
    - i. 2021 4 applicants; 100% apprenticeships
    - ii. 2022 2 applicants; 50% apprenticeships
    - iii. 2023 5 applicants; 40% apprenticeships
- 10. In what ways would removal of the occupational authorization or reduction of occupational authorization requirements be harmful to current authorization holders?
  - a. Requiring licensure for lay midwives in the state ensures a minimum level of training and qualifications are met for these providers, and avoids potential harm to the public, including fetal or maternal death.
  - b. An influx of uncredentialed, unlicensed lay midwives could negatively impact the reputation and standing of current LLMs as healthcare professionals in the medical community.