

2001 DRAFTING REQUEST

Bill

Received: 03/08/2001

Received By: **kunkemd**

Wanted: **As time permits**

Identical to LRB:

For: **Gregg Underheim (608) 266-2254**

By/Representing: **Sandra Lonergan**

This file may be shown to any legislator: **NO**

Drafter: **kunkemd**

May Contact:

Addl. Drafters:

Subject: **Occupational Reg. - misc**

Extra Copies:

Submit via email: **NO**

Pre Topic:

No specific pre topic given

Topic:

Practice of nurse midwives

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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/3	kunkemd 10/25/2001	gilfokm 10/25/2001	pgreensl 06/10/2001	_____	lrb_docadmin 06/10/2001	lrb_docadmin 06/10/2001	
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FE Sent For:

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01-08-2002

("16")

see attached

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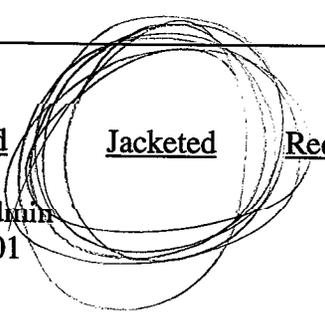
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15-11/8
KMG

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/2		13-6/KMG 16-01	jfrantze 04/26/2001	6/10 P8/KJR	lrb_docadmin 04/26/2001	lrb_docadmin 05/08/2001	

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Kmg

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FE Sent For:

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-2791

Kunkel, Mark

From: Lonergan, Sandra
Sent: Thursday, March 01, 2001 4:51 PM
To: Kunkel, Mark
Cc: 'osborne@hformadison.com'
Subject: nurse midwife bill draft

Hi Mark,

I spoke with Debora Kennedy & she said that I should speak with you -- that you're the man for our bill draft. We figured that you didn't have enough to do right now, so we have a bill for you to draft. I have some printed information which I will be sending over to you shortly that Gregg would like drafted into a bill. If you have any questions please let me know. Also, it's a-ok with us if you speak with Pat Osborne about this also. He may be reached at 258-9506 and his email is listed above.

Thanks Mark,

Sandy

(Underheim's office)



State Representative

GREGG UNDERHEIM

Chair: Assembly Committee on Health

-
- In response to your recent request.
 - I thought you might be interested in the enclosed material.
-

Mark Kunkel -
as explained
by my email.
Thanks -
Sandy

P.O. Box 8953 • Madison, WI 53708-8953
(608) 266-2254 • Fax: (608) 282-3654 • Toll-Free: 1 (888) 534-0054
TDD: 1 (800) 228-2115 • Rep.Underheim@legis.state.wi.us
1652 Beech Street • Oshkosh, WI 54901 • (920) 233-1082

SUGGESTED LANGUAGE CHANGES FOR NURSE-MIDWIFE PRACTICE ACT

Wisconsin Statutes and Administrative Code (March 2000 used)

441.15

441.15 (1)

"the practice of nurse-midwifery" means the management of the care of a woman in normal childbirth and the provision of prenatal, intrapartal, postpartal and nonsurgical contraceptive methods and care for the mother and the newborn. ~~primary care of women's health across the life span including care to newborns~~ ~~with~~ The Board recognizes advanced and specialized acts of nursing practice as those described in the scope of practice statements for nurse-midwives by the American College of Nurse-Midwives (ACNM), for those CNMs who are certified by the national certification body, ACNM or the ACNM Certification Council, Inc., as recognized by the Board.

See email

(a) (b)

441.15 (†) (c)

~~under the general supervision of~~ ~~in collaboration with~~ a physician with training in obstetrics and pursuant to a formal written agreement with that physician.

Then add or refer to the definition from **Chapter N8.02(5)**:

"Collaboration means a process which involves two or more health care professionals working together, in each other's presence when necessary, each contributing one's respective area of expertise to provide more comprehensive care than one alone can offer."

441.15 (4)

A nurse-midwife who discovers evidence that any aspect of care involves any complication which jeopardizes the health or life of the newborn or mother shall ~~immediately refer~~ ~~consult~~ the patient to the supervising ~~with the collaborating~~ physician under sub (2) (b) or, if that physician is unavailable, to another physician ~~according to the practice guidelines~~.

See email

Kunkel, Mark

From: Lonergan, Sandra
Sent: Thursday, March 08, 2001 4:03 PM
To: Kunkel, Mark
Cc: Soderbloom, Kathy; 'osborne@hfomadison.com'
Subject: nurse midwife bill

Hi Mark,

Hopefully by now you have received the packet of information that I sent regarding the nurse midwife bill Gregg would like drafted. I understand that Sen. Robson will be introducing the senate companion bill.

Two items of clarification for drafting -- using the sheet entitled "Suggested Language Changes for Nurse-Midwife Practice Act" --

- 1) in the first paragraph (441.15(1)) -- in line 4, strike the words "after birth" ✓
- 2) in the last paragraph (441.15(4)) -- in the last line, put a period after "physician". ✓ Just disregard the {according to the practice guidelines} language.

Please call or email if you have any questions. Thank you very much Mark.

Sandy
(Underheim's office)



State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-2791/1

MDK: King

D-NOTE

2001 BILL

By MONDAY
4/9

Sen. Cost

1 AN ACT...; relating to: the practice of nurse-midwifery.

Analysis by the Legislative Reference Bureau

Under current law, no person may practice as a nurse-midwife unless he or she is issued a certificate by the board of nursing (board). "Nurse-midwifery" is defined as: 1) managing the care of a woman in normal childbirth; 2) providing prenatal, intrapart, postpart, and nonsurgical contraceptive methods; and 3) caring for a mother and newborn. Current law also requires a nurse-midwife to practice in a health care facility approved by the board and under the general supervision of a physician with training in obstetrics (obstetrician). Also, there must be a formal written agreement between the nurse-midwife and supervising obstetrician. In addition, if a nurse-midwife discovers evidence of a complication that jeopardizes the health or life of a mother or newborn, a nurse-midwife must immediately refer the patient to the supervising obstetrician or, if he or she is not available, to another physician.

This bill creates a new definition of "nurse-midwifery." Under the bill, "nurse-midwifery" means managing primary care for women's health throughout the life span, including care for newborns. As under current law, the bill prohibits a person from acting as a nurse-midwife without a certificate issued by the board. In addition, as under current law, a nurse-midwife must practice in an approved health care facility.

✓ However, under the bill, a nurse-midwife must practice in collaboration with an obstetrician, not under the obstetrician's general supervision. The bill defines "collaboration" as a process that involves two or more health care professionals working together and, when necessary, in each other's presence. Additionally, it is

"collaboration"

BILL

defined as a process in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer. The bill also requires an agreement between the collaborating obstetrician and nurse-midwife, not a formal written agreement. Finally, if a nurse-midwife discovers evidence of a complication, the nurse-midwife must consult with the collaborating obstetrician, rather than immediately refer the patient to a physician. If the collaborating obstetrician is not available, the nurse-midwife must consult with another physician.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 441.15 (1) of the statutes is renumbered 441.15 (1) (intro.) and
2 amended to read:

3 441.15 (1) (intro.) In this section, ~~“the practice;~~

4 (b) “Practice of nurse-midwifery” means the management of ~~care of a woman~~
5 ~~in normal childbirth and the provision of prenatal, intrapartal, postpartal and~~
6 ~~nonsurgical contraceptive methods and care for the mother and the newborn~~
7 primary care for women’s health throughout the life span, including care for
8 newborns.

History: 1979 c. 317; 1983 a. 273; 1987 a. 264; 1991 a. 39; 1999 a. 22.

9 **SECTION 2.** 441.15 (1) (a) of the statutes is created to read:

10 441.15 (1) (a) “Collaboration” means a process that involves ² two or more health
11 care professionals working together and, when necessary, in each other’s presence,
12 and in which each health care professional contributes his or her expertise to provide
13 more comprehensive care than one health care professional alone can offer.

14 **SECTION 3.** 441.15 (2) (intro.) of the statutes is amended to read:

15 441.15 (2) (intro.) No person may engage in the practice of nurse-midwifery
16 unless each of the following ^{conditions} is satisfied:

History: 1979 c. 317; 1983 a. 273; 1987 a. 264; 1991 a. 39; 1999 a. 22.

17 **SECTION 4.** 441.15 (2) (a) of the statutes is amended to read:

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2791/1dn

MDK: j...
KMG

Representative Underheim:

Please review this bill very carefully to make sure that it achieves your intent. In particular, please note the following:

1. The instructions state that "written formal agreement" under s. 441.15 (2) (b), stats., should be replaced with "formal agreement". However, it seems to me that any formal agreement would be in writing. Also, I'm not sure that "formal" adds anything to the meaning of "agreement". In addition, no other statute uses the term "formal agreement". Therefore, the bill refers only to an "agreement".

2. I understand that you want to eliminate the requirement that the practice of nurse-midwifery be under the general supervision of a physician. However, it seems to me that all you are requiring instead is that they work together. As long as they work together, under what circumstances would the remainder of the definition of "collaboration" not be true? Wouldn't it always be the case that, ~~provided~~ they are working together, they will be contributing more comprehensive care than could be provided if they didn't work together? If so, I don't think the rest of the definition has any legal consequence, and I recommend getting rid of the definition altogether and requiring only that they work together. ip

3. I made stylistic changes to s. 441.15, stats., to conform to our current drafting style.

Mark D. Kunkel
Legislative Attorney
Phone: (608) 266-0131
E-mail: mark.kunkel@legis.state.wi.us

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-2791/1dn
MDK:kmg:jf

April 6, 2001

Representative Underheim:

Please review this bill very carefully to make sure that it achieves your intent. In particular, please note the following:

1. The instructions state that "written formal agreement" under s. 441.15 (2) (b), stats., should be replaced with "formal agreement." However, it seems to me that any formal agreement would be in writing. Also, I'm not sure that "formal" adds anything to the meaning of "agreement." In addition, no other statute uses the term "formal agreement." Therefore, the bill refers only to an "agreement."
2. I understand that you want to eliminate the requirement that the practice of nurse-midwifery be under the general supervision of a physician. However, it seems to me that all you are requiring instead is that they work together. As long as they work together, under what circumstances would the remainder of the definition of "collaboration" not be true? Wouldn't it always be the case that, if they are working together, they will be contributing more comprehensive care than could be provided if they didn't work together? If so, I don't think the rest of the definition has any legal consequence, and I recommend getting rid of the definition altogether and requiring only that they work together.
3. I made stylistic changes to s. 441.15, stats., to conform to our current drafting style.

Mark D. Kunkel
Legislative Attorney
Phone: (608) 266-0131
E-mail: mark.kunkel@legis.state.wi.us

Kunkel, Mark

From: Pat Osborne [osborne@hfomadison.com]
Sent: Tuesday, April 24, 2001 4:45 PM
To: Sandra Lonergan; kathy Soderbloom
Cc: Kate Harrod; Kathryn Osborne; Mark Kunkel
Subject: Bill Draft Revisions

I spoke with LRB attorney, Mark Kunkel, today and requested the following modifications to LRB 2791/1:

(1) Section 1 (Page 2, line 8) --- after "newborns" add "post partem". Mark indicated he may draft it as "including post partem care for newborns" as opposed to "including care for newborns post partem". but I think it addresses the issue raised by Representative Wasserman in either event.

(2) Section 4 (Page 3, line 4) --- Change "certificate" to "license". We noticed that the current statute erroneously refers to "certificate" by the board under sub. (3) (a), which pertains to licensure by the board. Mark Kunkel agreed the change made sense and also indicated that 441.15 (3) (b) should be modified to change "...a person issued a certificate under par. (a)..." TO "...a person issued a license under par. (a)..."

(3) Section 6 (Page 3, line 15 and 16) --- delete "or, if that physician is unavailable, [to] another physician".

Note: I also asked Mark if he could revise the bill analysis to consistently use the terminology "physician with training in obstetrics" rather than a short hand version (obstetrician) since the two are not one and the same. Mark seemed to be agreeable to the suggestion.

Please contact me if you have any questions or concerns regarding any of the above changes.

Thank You.

Patrick Osborne
osborne@hfomadison.com
Phone: (608) 258-9506
Fax: (608) 253-2589

D-NOTE

2

2001 BILL

SOON

RM NOT RUN

1 AN ACT ^{you cat} to renumber and amend 441.15 (1); to amend 441.15 (2) (intro.),
 2 441.15 (2) (a), 441.15 (2) (b) and 441.15 (4); and to create 441.15 (1) (a) of the
 3 statutes; relating to: the practice of nurse-midwifery.

Analysis by the Legislative Reference Bureau

Under current law, no person may practice as a nurse-midwife unless he or she is issued a ~~certificate~~ ^{you cat} by the board of nursing (board). "Nurse-midwifery" is defined as: 1) managing the care of a woman in normal childbirth; 2) providing prenatal, intrapartal, postpartal, and nonsurgical contraceptive methods; and 3) caring for a mother and newborn. Current law also requires a nurse-midwife to practice in a health care facility approved by the board and under the general supervision of a physician with training in obstetrics ~~obstetrics~~ ^{physician}. Also, there must be a formal written agreement between the nurse-midwife and supervising ~~obstetrician~~ ^{physician}. In addition, if a nurse-midwife discovers evidence of a complication that jeopardizes the health or life of a mother or newborn, a nurse-midwife must immediately refer the patient to the supervising ~~obstetrician~~ ^{physician} or, if he or she is not available, to another physician.

This bill creates a new definition of "nurse-midwifery." Under the bill, "nurse-midwifery" means managing primary care for women's health throughout the life span, including ^{postpartum} care for newborns. As under current law, the bill prohibits a person from acting as a nurse-midwife without a certificate issued by the board. In addition, as under current law, a nurse-midwife must practice in an approved health care facility.

postpartum

license

BILL

a physician

a physician's

However, under the bill, a nurse-midwife must practice in collaboration with ~~an obstetrician~~, not under ~~the obstetrician's~~ general supervision. The bill defines "collaboration" as a process that involves two or more health care professionals working together and, when necessary, in each other's presence. Additionally, "collaboration" is defined as a process in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer. The bill also requires an agreement between the collaborating ~~obstetrician~~ and nurse-midwife, not a formal written agreement. Finally, if a nurse-midwife discovers evidence of a complication, the nurse-midwife must consult with the collaborating ~~obstetrician~~, rather than immediately refer the patient to a physician. ~~If the collaborating obstetrician is not available, the nurse-midwife must consult with another physician.~~

physician

physician

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 SECTION 1. 441.15 (1) of the statutes is renumbered 441.15 (1) (intro.) and
2 amended to read:

3 441.15 (1) (intro.) In this section, ~~the practice:~~

4 (b) "Practice of nurse-midwifery" means the management of care of a woman
5 ~~in normal childbirth and the provision of prenatal, intrapartal, postpartal and~~
6 ~~nonsurgical contraceptive methods and care for the mother and the newborn~~
7 primary care for women's health throughout the life span, including care for
8 newborns.

postpartum^m

9 SECTION 2. 441.15 (1) (a) of the statutes is created to read:

10 441.15 (1) (a) "Collaboration" means a process that involves 2 or more health
11 care professionals working together and, when necessary, in each other's presence,
12 and in which each health care professional contributes his or her expertise to provide
13 more comprehensive care than one health care professional alone can offer.

14 SECTION 3. 441.15 (2) (intro.) of the statutes is amended to read:

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2791/2dn

MDK.....

King

Representative Underheim:

This version makes changes that I discussed with Pat Osborn.

Mark D. Kunkel
Legislative Attorney
Phone: (608) 266-0131
E-mail: mark.kunkel@legis.state.wi.us

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-2791/2dn
MDK:kmg:jf

April 26, 2001

Representative Underheim:

This version makes changes that I discussed with Pat Osborne.

Mark D. Kunkel
Legislative Attorney
Phone: (608) 266-0131
E-mail: mark.kunkel@legis.state.wi.us



State of Wisconsin

LEGISLATIVE REFERENCE BUREAU

100 NORTH HAMILTON STREET
5TH FLOOR
MADISON, WI 53701-2037

STEPHEN R. MILLER
CHIEF

LEGAL SECTION: (608) 266-3561
LEGAL FAX: (608) 264-6948

April 26, 2001

MEMORANDUM

To: Representative Underheim

From: Mark D. Kunkel, Legislative Attorney

Re: LRB-2791/2 Practice of nurse midwives

The attached draft was prepared at your request. Please review it carefully to ensure that it is accurate and satisfies your intent. If it does and you would like it jacketed for introduction, please indicate below for which house you would like the draft jacketed and return this memorandum to our office. If you have any questions about jacketing, please call our program assistants at 266-3561. Please allow one day for jacketing.

JACKET FOR ASSEMBLY JACKET FOR SENATE

If you have any questions concerning the attached draft, or would like to have it redrafted, please contact me at (608) 266-0131 or at the address indicated at the top of this memorandum.

If the last paragraph of the analysis states that a fiscal estimate will be prepared, the LRB will request that it be prepared after the draft is introduced. You may obtain a fiscal estimate on the attached draft before it is introduced by calling our program assistants at 266-3561. Please note that if you have previously requested that a fiscal estimate be prepared on an earlier version of this draft, you will need to call our program assistants in order to obtain a fiscal estimate on this version before it is introduced.

Please call our program assistants at 266-3561 if you have any questions regarding this memorandum.

Barman, Mike

From: Barman, Mike
Sent: Tuesday, May 08, 2001 5:06 PM
To: Rep.Underheim
Subject: LRB-2791/2 (attached) (requested by Sandy)

Mike Barman

Mike Barman - Senior Program Asst. (PH. 608-266-3561)
(E-Mail: mike.barman@legis.state.wi.us) (FAX: 608-264-6948)

State of Wisconsin
Legislative Reference Bureau - Legal Section - Front Office
100 N. Hamilton Street - 5th Floor
Madison, WI 53703

Kunkel, Mark

From: Lonergan, Sandra
Sent: Tuesday, June 05, 2001 10:08 AM
To: Kunkel, Mark
Cc: 'Osborne, Pat'; Austin, David
Subject: nurse midwife bill

HI Mark,

I know that I already have the jacket for LRB 2791/2 but we would like a slight change to the bill and would prefer to have a /3 drafted rather than an amendment.

Here's the change -- on pg. 3, line 7, strike the word "an" and replace with "a written". ✓

Should I send the jacket back to you?

Thanks for all your help Mark. Please call if you have any questions.

Sandy
(Underheim's office)



State of Wisconsin
2001 - 2002 LEGISLATURE

LRB-2791/2e 3
MDK:kmg:jf

SOON

RM NOT RUN

2001 BILL

Sen. Cat.

1 AN ACT to renumber and amend 441.15 (1); to amend 441.15 (2) (intro.),
2 441.15 (2) (a), 441.15 (2) (b), 441.15 (3) (b) and 441.15 (4); and to create 441.15
3 (1) (a) of the statutes; relating to: the practice of nurse-midwifery.

Analysis by the Legislative Reference Bureau

Under current law, no person may practice as a nurse-midwife unless he or she is issued a license by the board of nursing (board). "Nurse-midwifery" is defined as: 1) managing the care of a woman in normal childbirth; 2) providing prenatal, intrapartal, postpartal, and nonsurgical contraceptive methods; and 3) caring for a mother and newborn. Current law also requires a nurse-midwife to practice in a health care facility approved by the board and under the general supervision of a physician with training in obstetrics. Also, there must be a formal written agreement between the nurse-midwife and supervising physician. In addition, if a nurse-midwife discovers evidence of a complication that jeopardizes the health or life of a mother or newborn, a nurse-midwife must immediately refer the patient to the supervising physician or, if he or she is not available, to another physician.

This bill creates a new definition of "nurse-midwifery." Under the bill, "nurse-midwifery" means managing primary care for women's health throughout the life span, including postpartum care for newborns. As under current law, the bill prohibits a person from acting as a nurse-midwife without a license issued by the board. In addition, as under current law, a nurse-midwife must practice in an approved health care facility.

However, under the bill, a nurse-midwife must practice in collaboration with a physician, not under a physician's general supervision. The bill defines

BILL

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“collaboration” as a process that involves two or more health care professionals working together and, when necessary, in each other’s presence. Additionally, “collaboration” is defined as a process in which each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional alone can offer. The bill also requires ~~an~~ ^{a written} agreement between the collaborating physician and nurse-midwife, ~~not a formal written agreement.~~ Finally, if a nurse-midwife discovers evidence of a complication, the nurse-midwife must consult with the collaborating physician, rather than immediately refer the patient to a physician.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 441.15 (1) of the statutes is renumbered 441.15 (1) (intro.) and
2 amended to read:

3 441.15 (1) (intro.) In this section, ~~“the practice;~~

4 (b) “Practice of nurse-midwifery” means the management of care of a woman
5 ~~in normal childbirth and the provision of prenatal, intrapartal, postpartal and~~
6 ~~nonsurgical contraceptive methods and care for the mother and the newborn~~
7 primary care for women’s health throughout the life span, including postpartum care
8 for newborns.

9 **SECTION 2.** 441.15 (1) (a) of the statutes is created to read:

10 441.15 (1) (a) “Collaboration” means a process that involves 2 or more health
11 care professionals working together and, when necessary, in each other’s presence,
12 and in which each health care professional contributes his or her expertise to provide
13 more comprehensive care than one health care professional alone can offer.

14 **SECTION 3.** 441.15 (2) (intro.) of the statutes is amended to read:

15 441.15 (2) (intro.) No person may engage in the practice of nurse-midwifery
16 unless each of the following conditions is satisfied:

17 **SECTION 4.** 441.15 (2) (a) of the statutes is amended to read:

Barman, Mike

From: Barman, Mike

Sent: Wednesday, July 18, 2001 1:31 PM

To: Rep.Underheim

Subject: LRB-2791/3 (attached - requested by Sandy)
Sandy)

07/18/2001

Kunkel, Mark

From: Lonergan, Sandra
Sent: Tuesday, October 23, 2001 3:34 PM
To: Kunkel, Mark
Cc: Austin, David; 'Osborne, Pat'
Subject: RE: LRB 2791 -- FW: Drafting Recommendations

Hi Mark,
Just checking to see how close you are on the redraft of this LRB? Do you need the jacket returned?
Thanks,
Sandy

-----Original Message-----

From: Lonergan, Sandra
Sent: Friday, September 14, 2001 9:20 AM
To: Kunkel, Mark
Cc: Austin, David; 'Osborne, Pat'
Subject: LRB 2791 -- FW: Drafting Recommendations

Hi Mark,
Here we thought we were ready to go with our nurse midwifery bill since we had it jacketed & low & behold we need a few more changes. Would you please incorporate these changes into a new draft? I know Pat's email message references LRB 2791/2 & 2791/3, but actually I think the new draft will be a /4. Does that sound right to you? Also, do you need the jacket back?
Thanks,
Sandy
(Underheim's office)

-----Original Message-----

From: Pat Osborne [mailto:osborne@hfomadison.com]
Sent: Thursday, September 13, 2001 5:20 PM
To: Austin, David; Lonergan, Sandra
Subject: Drafting Recommendations

Attached are drafting recommendations for changes to LRB 2791/2 that we would like you to consider for introduction of LRB 2791/3.

Thank you for all your help and support. Please call or email if you have any questions.

Patrick Osborne
osborne@hfomadison.com
Phone: (608) 258-9506
Fax: (608) 283-2589

MEMORANDUM

DATE: September 13, 2001
TO: Representative Greg Underheim c/o Sandra Lonergan
Senator Judy Robson c/o David Austin
FROM: Pat Osborne, on behalf of ACNM (Wisconsin Chapter)
RE: Drafting Recommendations for LRB 2791/3

Listed below are recommendations for changes to LRB 2791/2.

✓ #1: Definition of Nurse Midwifery Practice.

Drafting Recommendation:

Replace lines 4-8 with the following definition of "Practice of nurse-midwifery".

Practice of nurse midwifery means the provision of care consistent with the standards of practice of the American College of Nurse Midwives, including the management of women's health care, pregnancy, childbirth, postpartum care for newborns, family planning and gynecological services, consistent with the education, training and experience of the nurse midwife.

#2: Collaboration Agreement

Drafting Recommendation:

- ✓ (a) Page three line 6, after the second "with", insert "post graduate"
(b) Page three line 7, restore "written" and delete "an"

✓ With the changes above, the clause on lines 6 and 7 should read: "...with a physician with post graduate training in obstetrics, and pursuant to a written agreement with that physician".

#3: Duty to Refer

✓ **Drafting Recommendation:**

Page three, line 18, after "sub. (2) (b)" insert "or his or her designee, or refer as appropriate, pursuant to the written agreement under sub. (2) (b)"

655.005
subd. 1
employee?

#4 Malpractice Liability Insurance Coverage

Drafting Recommendation:

Insert a malpractice liability insurance coverage requirement to incorporate the following:

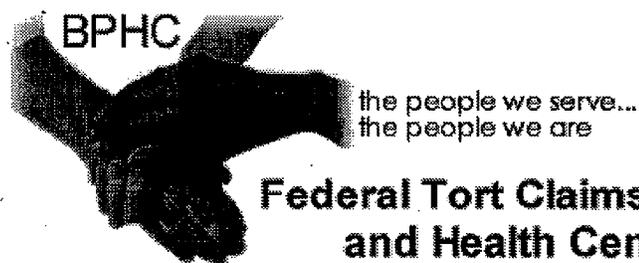
The board shall promulgate rules to establish the minimum amount of malpractice liability insurance coverage that a nurse midwife shall have. The board shall promulgate rules under this paragraph in consultation with the commissioner of insurance.

A nurse midwife shall carry the minimum amount of malpractice liability insurance coverage required by the rules of the board unless the nurse midwife provides notice to the patient that he or she does not carry malpractice liability insurance coverage or that their coverage is less than the minimum amounts established by the board.

A nurse midwife who is a state, county or municipal employee, or federal employee or contractor covered under the federal tort claims act, as amended, would not be subject to the coverage requirements established by the board. A nurse midwife who has coverage under group coverage of his or her employer would also not be subject to the coverage requirements established by the board.

Every nurse midwife shall submit to the board evidence satisfactory to the board that he or she has in effect malpractice liability insurance coverage in the minimum amounts required by the rules of the board, or has provided notice to the patient as required under (ref).

The malpractice liability coverage requirement may be waived by the Commissioner of Insurance if the Commissioner determines that such coverage is not reasonably available.



Federal Tort Claims Act (FTCA) and Health Centers

Program Information

MISSION || ACTIVITIES || ACCOMPLISHMENTS || COLLABORATIVE LINKAGES || APPROPRIATIONS || FUTURE CHALLENGES || INFORMATION CONTACT

The Federally Supported Health Centers Assistance Act (FSHCAA) of 1992 and the 1995 reauthorization, commonly referred to as the Federal Tort Claims Act or FTCA program, created a medical malpractice insurance program for health centers that offers full coverage for health center activities at no cost to grantees who participate.

MISSION

Under the FSHCAA of 1992 and 1995, Health Centers funded under section 330 of the Public Health Service Act can apply to be "deemed" to be federal employees for the purposes of medical malpractice and thereby become immune from lawsuit. This program is designed to reduce or eliminate the need for "deemed" Health Centers to purchase private medical malpractice insurance thereby allowing more funds to be available for direct service to underserved populations.

ACTIVITIES

In order to participate in the program a Health Center has to be "deemed" to be a federal employee. The law allows only organizations funded under sections 330 (e), (g), (h), and (i) to be eligible for coverage. They are more commonly known as Community Health Center, Migrant Health Center, Health Care for the Homeless, and Health Care for Residents of Public Housing grantees. By January 2001 nearly 565 Health Centers were participating in the program.

The deeming process, while not onerous, does have some basic requirements. Health Centers that wish to participate must assure the Bureau of Primary Health Care that they conduct complete and thorough credentialing of their providers including querying of the National Practitioner Data Bank. Clinical protocols, tracking systems, medical record review, and active quality assurance programs are required. Once deemed, continued deeming is maintained through the Project Period Renewal Grant Application.

ACCOMPLISHMENTS

Between mid-1993 and January 2001, there have been 716 claims filed against the government under this program, eighty-four claims have been settled or lost at trial. 75% of all health centers are participating in this Program and saving thousands of dollars each year on premiums that they would have formerly paid for medical malpractice insurance.

COLLABORATIVE LINKAGES

BPHC's Center for Risk Management and the National Association for Community Health Centers (NACHC) are collaborating on a Risk Management program for all Health Centers. Using a grant from the BPHC, NACHC has contracted with ProNational Insurance Company, a major provider of medical malpractice insurance, to conduct workshops for Health Center Personnel on risk management. These workshops, which have been held all over the country, are tailored to the specific needs of the groups attending.

The collaborative relationship with NACHC and ProNational Insurance Company also includes a risk management hotline where health centers can call to have their risk management questions answered. The phone number for this service is 888-800-3772.

APPROPRIATIONS

The Health Center FTCA program receives no direct appropriation from Congress. Funds to pay for settlements and judgments come from a pool created with money taken each year from the Health Center appropriation.

FUTURE CHALLENGES

Increasing Health Center participation in the FTCA program is a continuing goal. It is anticipated that within the next few years as Health Centers grow, claims under this program will increase. We will continue to work to provide the highest quality service to Health Centers, their employees and contractors who are participants.

FOR MORE INFORMATION, CONTACT:

Center for Risk Management
150 S. Independence Mall West, Suite 1172
Philadelphia, PA 19106-3499
215-861-4373
215-861-4391 FAX

Related Primary Care References

[HHS](#) | [HRSA](#) | [Privacy Policy Notice](#) | <http://bphc.hrsa.gov>

For questions or comments, email us at feedback@hrsa.gov

Last revised 06/08/2001



Resources & Bibliography

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Expanded Midwifery Practice

Two questions frequently asked of the Department of Professional Services at the American College of Nurse-Midwives (ACNM) are:

"Is it within the scope of practice for a midwife to _____?"
 "How do I expand my practice to _____?"

Fill in the blank with "first assist at Cesarean Section," "use a vacuum extractor," "perform circumcision," or another expanded midwifery practice procedure. This Resources & Bibliography lists ACNM documents that provide an essential foundation for answering these questions and provides additional resources that will be useful to midwives and others concerned with these questions.

The Core Competencies for Basic Midwifery Practice

This document delineates the fundamental knowledge, skills, and behaviors expected of a new practitioner. The focus, as highlighted in the title, is basic midwifery practice. Expanded midwifery practices consists of those procedures or components of practice, such as first assisting, use of vacuum extractor, and performing circumcision that may be acquired beyond basic midwifery education.

The Core Competencies are available on the ACNM web site and from Fax on Demand (FOD) (document #2005). The following articles are also of interest:

ACNM Education Committee. Core competencies in nurse-midwifery: expected outcomes of nurse-midwifery education. *J Nurse Midwifery* 1979; 24:32-36.

This article describes the development of the Core Competencies, beginning with a recommendation by nurse-midwifery educators in 1973, and was the initial publication of the Core Competencies as approved by the ACNM Board of Directors in February 1978.

Roberts J, Sedler KD. The Core Competencies for Basic Midwifery Practice: critical ACNM document revised. *J Nurse Midwifery* 1997; 42:371-372.

This editorial describes the third major revision of the Core Competencies.

Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice

Realizing that practice would evolve and that individual and institutional differences would influence decisions regarding expanding practice beyond the Core Competencies, the ACNM developed *Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice* in the early 1970s. The guidelines, available on the ACNM web site and FOD (document # 4007), provide a mechanism for evaluating the need for a particular procedure, establishing a process for education, and evaluating and maintaining competency.

If you are a midwife, following these guidelines is essential when you choose to expand your practice beyond the core competencies. Keep the necessary documentation (literature review, documentation of study method and supervised practice, outcome statistics, etc.) in your permanent professional files. Send only the completed reporting form to the national office.

Clinical Practice Statement: *Expansion of Midwifery Practice and Skills Beyond Basic Core Competencies (1997)*

This statement, available on the ACNM web site, directs midwives to utilize the above-mentioned

guidelines when incorporating new technical skills into their practice.

Legal Guidelines

The *Guidelines for the Incorporation of New Procedures into Nurse-Midwifery Practice* direct the midwife to consider relevant statutes and regulations that might constrain or support a particular procedure. State laws and regulations that may define the scope of practice of a midwife, when they exist, are addressed in two ACNM publications available from the ACNM Resource Catalog: **Nurse-Midwifery Today: A Handbook of State Laws and Regulations (1999)**, and **Direct Entry Midwifery: A Summary of State Laws and Regulations (1999)**. Some state laws explicitly reference the ACNM Standards thereby permitting advanced practice procedures consistent with the guidelines.

Journal of Nurse-Midwifery (JNM) Home Study Program (HSP)

A HSP on advanced nurse-midwifery practice was published in the JNM, Vol. 38, No. 2 (Suppl), March/April 1993. Ten articles in this special issue address areas of expanded midwifery practice and collaborative management, including circumcision, endometrial biopsy, colposcopy, ultrasound and vacuum extraction. While continuing education credit is no longer available for this HSP, it does include important background information and some of the content is still relevant to current practice. JNM is a peer-reviewed journal published bi-monthly by the ACNM. As of January 2000, JNM's name has been changed to the *Journal of Midwifery & Women's Health (JMWH)*. All ACNM members receive a subscription to the journal as a member benefit. Back issues can be purchased from Elsevier Science, Inc., 655 Avenue of the Americas, New York, NY 10010; 212-633-3730.

Payment Issues

Midwives who perform advanced procedures that are consistent with their state-defined scope of practice should be paid for those services (if they are covered) under all federal health programs and most private health plans. Many state insurance laws mandate payment for services provided by a midwife if they would be covered by a health plan when provided by a physician. For more information on federal and state laws governing payment issues, midwives and third party payers should consult the ACNM publications, **Getting Paid: Billing, Coding and Payment for Midwifery Services (1999)** and the **Handbook on State Laws and Regulations** referenced above.

Other Resources

While the ACNM has not produced a Clinical Bulletin or Practice Statement regarding each commonly performed advanced practice procedure, the following are available:

Clinical Bulletin 1: Obstetric Ultrasound in the Third Trimester (1996)

Clinical Practice Statement: The CNM/CM as First Assistant at Surgery (1998)

Three cases illustrating risk management issues are addressed by Jan Kriebs in "Expanding the scope of clinical practice -- promises and pitfalls," *Quickening*, Jan/Feb 1997, p. 18, 20.

* The ACNM Resource Catalog is available from the ACNM Web site, listed below, and from our Fax on Demand service (202-728-9898, document 5003). You may also contact us at the phone number or e-mail address below and request that a Catalog be mailed to you.

The "Resources & Bibliography" series was developed by the Dept. of Professional Services to respond to common inquiries, summarizing ACNM resources regarding a particular topic, as well as listing selected literature and other resources. Feedback is welcomed; contact Lisa Summers, CNM, DrPH at 202-728-9892 or lsummers@acnm.org. 4/01

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 818 Connecticut Ave, N.W. Ste 900 Washington, DC 20006 (202) 728-9860

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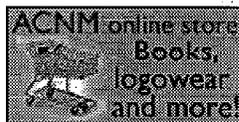
International Definition of a Midwife

As accepted by the ICM Membership and Joint Study Group on Maternity Care, FIGO, WHO, etc.

A midwife is a person who, having been regularly admitted to a midwifery educational program, duly recognized in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery.

Search

Search



The sphere of practices: She must be able to give the necessary supervision, care and advice to women during pregnancy, labor and postpartum period, to conduct deliveries on her own responsibility, and to care for the newborn and the infant. This care includes preventive measures, the detection of abnormal condition in mother and child, the procurement of medical assistance, and the execution of emergency measures in the absence of medical help.

She has an important task in counseling and education, not only for the women, but also within the family and community. The work should involve antenatal education and preparation for parenthood and extends to certain areas of gynecology, family planning, and child care.

She may practice in hospitals, clinics, health units, domiciliary conditions or any other service.

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