

FISCAL IMPACT OF PROPOSED LEGISLATION

Measure: HB 2997 - A

Seventy-Seventh Oregon Legislative Assembly – 2013 Regular Session
Legislative Fiscal Office

Only Impacts on Original or Engrossed Versions are Considered Official

Prepared by: Kim To
Reviewed by: John Terpening
Date: 4/15/2013

Measure Description:

Requires person to obtain license to practice direct entry midwifery.

Government Unit(s) Affected:

Oregon Health Licensing Agency (OHLA), Oregon Judicial Department (OJD)

Local Government Mandate:

This bill does not affect local governments' service levels or shared revenues sufficient to trigger Section 15, Article XI of the Oregon Constitution.

Analysis:

House Bill 2997 establishes the infrastructure for the Oregon Health Licensing Agency (OHLA) to require licensure to practice direct entry midwifery in Oregon. The bill defines licensure requirements, directs the State Board of Direct Entry Midwifery (SBDEM) to adopt rules, authorizes SBDEM to investigate complaints and take disciplinary action, including suspension or revocation of license and assessment of civil penalties. The bill allows licensing exemption for individuals who do not use legend drugs or devices, and does not advertise. Certain sections of the bill become operative on January 1, 2014. The bill contains an emergency clause and takes effect on passage.

Oregon Health Licensing Agency (OHLA)

Currently, the direct entry midwife licensure is voluntary, and unlicensed midwives may practice in Oregon. However, state law allows reimbursement under the Oregon Health Plan only if a licensed midwife provides birthing assistance. Should this legislation become law, the Oregon Health Licensing Agency anticipates receiving roughly 40 new midwifery applications and 20 renewals during the 2013-15 biennium; and 10 new applications and 40 renewals for the 2015-17 biennium. The current fee structure is as follows:

Application	\$ 150
Original License/Renewal	\$1,200

With the current fee structure, OHLA anticipates a revenue increase of \$30,000 for the 2013-15 biennium, and \$49,500 for the 2015-17 biennium.

The Legislative Fiscal Office notes that the current fee structure is not sufficient to support the cost of the SBDEM. The potential increased costs of investigations and disciplinary actions from the establishment of the mandatory licensing program could have a negative impact on OHLA's ending balance.

Oregon Judicial Department (OJD)

Passage of this bill is anticipated to have minimal impact on the Oregon Judicial Department. The bill authorizes any person who contests the imposition of a civil penalty, or imposition of a license sanction, to seek judicial review by the Court of Appeals. The department anticipates passage of this bill will increase the number of cases filed with the Court of Appeals.

REVENUE: No revenue impact
FISCAL: Fiscal statement issued

Action:	Do Pass as Amended and Be Printed Engrossed and Be Referred to the Committee on Ways and Means by Prior Reference
Vote:	8 - 1 - 0
Yeas:	Clem, Conger, Harker, Kennemer, Keny-Guyer, Lively, Thompson, Greenlick
Nays:	Weidner
Exc.:	0
Prepared By:	Tyler Larson, Administrator
Meeting Dates:	3/15, 3/22, 4/12

WHAT THE MEASURE DOES: Defines licensure requirements for direct entry midwifery (DEM). Requires State Board of Direct Entry Midwifery (SBDEM) adopt rules. Authorizes SBDEM investigate complaints and take disciplinary action including suspension or revocation of license and assessment of civil penalties. Removes “tocolytics” from list of drugs DEM may prescribe. Deletes references to Direct Entry Midwifery Account. Defines “direct entry midwifery” as participating in certain specified activities for compensation. Requires licensure by January 1, 2015. Allows licensing exemption for individual who does not use legend drugs or devices, does not advertise and discloses lack of licensure and other specified information to each client. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Training and qualifications of direct-entry midwives (DEMs)
- Personal stories of DEM-assisted birth
- Mortality data on DEM-assisted birth
- Licensing exemptions
- Interim workgroup recommendations

EFFECT OF COMMITTEE AMENDMENT: Removes “tocolytics” from list of drugs DEM may prescribe. Deletes references to Direct Entry Midwifery Account. Defines “direct entry midwifery” as participating in certain specified activities for compensation. Requires licensure by January 1, 2015. Allows licensing exemption for individuals who do not use legend drugs or devices, does not advertise and discloses lack of licensure and other specified information to each client.

BACKGROUND: A licensed direct entry midwife (LDEM) supervises the conduct and labor of childbirth, advises the parent as to the progress of childbirth and renders prenatal, intrapartum and postpartum care. The Oregon Health Licensing Agency (OHLA) oversees regulation of direct entry midwifery. Currently, licensure for DEMs is voluntary, and unlicensed midwives may practice in Oregon.

House Bill 2997-A requires licensure to practice midwifery and creates an exemption for traditional midwives who do not administer legend drugs, do not advertise as a midwife, and disclose lack of licensure to each client. The bill also grants the State Board of Direct Entry Midwifery (SBDEM) authority to conduct investigations and take disciplinary action against licensees.

4/16/2013 4:47:00 PM

This summary has not been adopted or officially endorsed by action of the committee.