



**WHO:** Health Licensing Office  
Board of Direct Entry Midwifery

**WHEN:** June 9, 2016 at 9 a.m.

**WHERE:** Health Licensing Office  
Rhoades Conference Room  
700 Summer St. NE, Suite 320  
Salem, Oregon

**What is the purpose of the meeting?**

The purpose of the meeting is to conduct board business. A working lunch may be served for board members and designated staff in attendance. A copy of the agenda is printed with this notice. Please visit <http://www.oregon.gov/oha/hlo/Pages/Board-Direct-Entry-Midwifery-Meetings.aspx> for current meeting information.

**May the public attend the meeting?**

Members of the public and interested parties are invited to attend all board/council meetings. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

**May the public attend a teleconference meeting?**

Members of the public and interested parties may attend a teleconference board meeting **in person** at the Health Licensing Office at 700 Summer St. NE, Suite 320, Salem, OR. All audience members are asked to sign in on the attendance roster before the meeting. Public and interested parties' feedback will be heard during that part of the meeting.

**What if the board/council enters into executive session?**

Prior to entering into executive session the board/council chairperson will announce the nature of and the authority for holding executive session, at which time all audience members are asked to leave the room with the exception of news media and designated staff. Executive session would be held according to ORS 192.660.

No final actions or final decisions will be made in executive session. The board/council will return to open session before taking any final action or making any final decisions.

**Who do I contact if I have questions or need special accommodations?**

The meeting location is accessible to persons with disabilities. A request for accommodations for persons with disabilities should be made at least 48 hours before the meeting. For questions or requests contact a board specialist at (503) 373-2049.

# **Approval of Agenda**



Health Licensing Office  
Board of Direct Entry Midwifery



June 9, 2016 at 9 a.m.  
700 Summer St. NE, Suite 320  
Salem, Oregon

**1. Call to Order**

**2. Items for Board Action**

- ◆ Approval of agenda
- ◆ Approval of minutes – February 11, 2016, and March 31, 2016

**3. Administrative Rule Review**

**4. Public/ Interest Parties Feedback**

Working Lunch

**5. Executive Session** – Pursuant to ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection. (Legal advice)

**6. Items for Board Action**

**7. Deliberate on Contested Case** – The Board will leave the public meeting under ORS 192.690(1) to deliberate on contested case. Contested case file number 11-6546

**8. Item for Board Action – Contested case file number 11-6546**

**9. Executive Session** – Pursuant to ORS 192.660(2)(f) for the purpose of considering information or records exempt from public inspection including confidential information pursuant to ORS 687.490. Confidential information, investigative files/summaries

**10. Items for Board Action – Investigative files/ summaries**

**11. Reports**

- ◆ Director Report
- ◆ Licensing and Fiscal Statistical Reports
- ◆ Policy Report
- ◆ Regulatory Report

**12. Other Board Business**

# **Approval of Minutes**

**February 11, 2016**



Health Licensing Office  
Board of Direct Entry Midwifery



February 11, 2016  
700 Summer Street NE, Suite 320  
Salem, Oregon

---

**MINUTES**

---

**MEMBERS PRESENT**

Colleen Forbes, chair  
James di Properzio, vice-chair  
Wendy Smith  
Kelli McIntosh  
Sarah Taylor

**MEMBERS ABSENT**

Niamh Charles  
Stephanie Elliott

**STAFF PRESENT**

Sylvie Donaldson, interim director and division manager  
Bob Bothwell, regulatory operations manager  
Samie Patnode, policy analyst  
Heather Vogelsong, assistant attorney general  
Sarah Kelber, communications coordinator  
Anne Thompson, policy analyst  
Debra Daniels, qualification specialist  
Trampus Schuck, investigator/ inspector  
Nathan Goldberg, investigator/ inspector  
Maria Gutierrez, board specialist

**GUESTS PRESENT**

**Call to Order**

Colleen Forbes called the meeting of the Board of Direct Entry Midwifery to order at 9:22 a.m. Roll was called.

**Items for Board Action**

**Approval of Agenda**

James di Properzio made a motion with a second by Kelli McIntosh to approve the agenda. Motion passed unanimously.

**Approval of Minutes**

James di Properzio made a motion with a second by Kelli McIntosh to approve the minutes for December 2, 2015. Motion passed unanimously.

**Posting Notice of Intent to Website**

Samie Patnode, policy analyst, clarified the following:

- NOIs are a public record and not protected by confidentiality laws NOIs are allegations that laws and rules have been violated. Some NOIs in the past were published on the Board of Direct Entry Midwifery Website and then later removed due to inconsistencies in information and legislative changes. In some cases NOIs are amended to change, delete or add violations based on further evidence. Also since each authorization holder is given due process, including rights to hearing, often the final order is much different than the allegations proposed on the NOI which can be confusing to authorization holders and the public.

Members, would like further clarification posted to the web indicating what the difference between a notice of intent is and a final order.

**MOTION**

James di Properzio makes a motion with a second by Wendy Smith to continue posting notice of intent, and final orders to the web while making it more clear on what the difference between the two are. Motion passes unanimously.

**Executive Session:**

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 619.660(2)(f) at 9:45 a.m. on February 11, 2016 for the purpose of considering information or records exempt from public inspection. Records to be considered related to complain files.
- Executive session concluded and the board reconvened regular session at 10:08 a.m. it was noted that no decisions were made and no votes were made in executive session.

**Items for Board Action:**

In regards to complaint number 15-7977

- The inspector to continue the investigation.

**MOTION:**

James di Properzio made a motion with a second by Kelli McIntosh. Motion passed unanimously.

In regards to complaint number 11-6616

- Continue deliberation until further meeting.

**MOTION:**

Kelli McIntosh made a motion with a second by Wendy Smith. Motion passed unanimously.

**Executive Session:**

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 619.660(2)(f) at 10:10 a.m. on February 11, 2016 for the purpose of considering information or records exempt from public inspection. Records to be considered related to legal advice.
- Executive session concluded and the board reconvened regular session at 10:45 a.m. it was noted that no decision were made and no votes were made in executive session.

**Deliberate on Contested Case – Contested Case Number 12-6787**

- The Board of Direct Entry Midwifery left the public meeting to deliberate on a contested case number 12-6787 under ORS 192.690(1) at 10:52 a.m. on February 11, 2016.
- The public meeting reconvened at 11:07 a.m. it was noted that no decisions were made and no votes were made.

**Item for Board Action- Contested Case Number 12-6787**

- A final order to be issued, and give the authority to the chair to approve the written changes, and to sign the order.

**MOTION:**

Wendy Smith made a motion with a second by James di Properzio. Motion passed unanimously.

**Executive Session:**

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 619.660(2)(f) at 11:32 a.m. on February 11, 2016 for the purpose of considering information or records related to complaint file.
- Executive session concluded and the board reconvened regular session at 1:30 p.m. it was noted that no decision was made and no votes were made in executive session.

**Items for Board Action:**

- Offer a settlement agreement, and to delegate to the board chair the authority to approve written terms, and final language of the settlement agreement offer.

**MOTION:**

Wendy Smith made a motion with a second by James di Properzio. Motion passed unanimously.

**Public/ Interest Parties Feedback**

No public comment was received.

**Directors Report:**

- Update on transition to Public Health

**Licensing and Fiscal Statistical Reports:**

Donaldson, presented an overview of statistics related to the board. Statistics include licensing statistics, license volumes and active license trends.

The statement of cash flow for the period 07/01/15 -1/26/16 was reviewed.

**Policy Report:**

Samie Patnode, policy analyst, reported on the following:

- Practice standards comparison- notes were provided in materials.
- Health evidence review commission – Out of hospital birth coverage guidance.
- Birthing center absolute risk criteria.
- Board of direct entry midwifery practice standards

- Oregon midwifery council – Community Practice Standards
- Parking lot issues
- 2015 Legislation update

Sarah Kelber, communications coordinator, reported on the following:

- Update on upcoming new web site
- Updated on current social media page

**Regulatory Report:**

Bob Bothwell, regulatory operations manager, reported on enforcement activity including:

2011-2013 Biennium

Between July 1, 2011 and June 30, 2013, 28 complaints were received. Of the 28 complaints 0 remain open. A summary of allegations received by type of complainant was provided as stated below.

Mandatory Reporter	Client	Other
14	9	5

2013-2015 Biennium

Between July 1, 2013 and June 30, 2015, 19 complaints were received. Of the 19 complaints 13 remain open. A summary of allegations received by type of complainant was provided as stated below.

Mandatory Reporter	Client	Other
13	0	6

2015-2017 Biennium

Between July 1, 2015 and December 31, 2015, 49 complaints were received. Of the 49 complaints 12 remain open. A summary of allegations received by type of complainant was provided as stated below.

Anonymous	Client	Other
48	1	0

**Other Board Business**

Patnode, provided some information, and materials to be discussed at a later meeting the information includes discussions on:

- College of Midwives of British Columbia – Registrants Handbook
- Home Birth in British Columbia for Clients
- Direct Entry Board Rubric proposed format

A flash drive was provided to board members regarding information pertaining to the topics listed above.

**Executive Session-**

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 619.660(2)(f) at 2:30 p.m. on February 11, 2016 for the purpose of considering information or records exempt from public inspection. Records to be considered related to complaint files.
- Executive session concluded and the board reconvened regular session at 3:35 p.m. it was noted that no decisions were made and no votes were made in executive session.

**Items for Board Action**

In regards to complaint 16-8049

- Open an investigation

**MOTION:**

James di Properzio made a motion with a second by Wendy Smith. Motion passed unanimously.

In regards to complaint 16-8053

- Open an investigation

**MOTION:**

James di Properzio made a motion with a second b Wendy Smith. Motion passed unanimously.

The meeting adjourned at approximately 3:36 p.m.

Minutes prepared by: Maria Gutierrez, board specialist

# **Approval of Minutes**

**March 31, 2016**



Health Licensing Office  
Board of Direct Entry Midwifery



March 31, 2016  
700 Summer Street NE, Suite 320  
Salem, Oregon

---

**MINUTES**

---

**MEMBERS PRESENT**

Colleen Forbes, chair  
James di Properzio, vice-chair  
Wendy Smith  
Niamh Charles  
Stephanie Elliott

**MEMBERS ABSENT**

Sarah Taylor  
Kelli McIntosh

**STAFF PRESENT**

Sylvie Donaldson, interim director and division manager  
Bob Bothwell, regulatory operations manager  
Samie Patnode, policy analyst  
Heather Vogelsong, assistant attorney general  
Sarah Kelber, communications coordinator  
Trampus Schuck, investigator/ inspector  
Nathan Goldberg, investigator/ inspector  
Maria Gutierrez, board specialist

**GUESTS PRESENT**

**Call to Order**

James di Properzio called the meeting of the Board of Direct Entry Midwifery to order at 9:35. Roll was called.

**Items for Board Action**

**Approval of Agenda**

Stephanie Elliott made a motion with a second by Niamh Charles to approve the agenda. Motion passed unanimously.

**Approval of Minutes**

Wendy Smith made a motion with a second by Stephanie Elliott to approve the minutes for January 7, 2016. Motion passed unanimously.

**Approval of Administrative Rule Schedule and Development Committee Criteria**

Samie Patnode, policy analyst, reported on the rule schedule as following:

In 2009 and 2010 the Board of Direct Entry Midwifery did extensive changes to administrative rules including practice standards, termination of care and informed consent requirements. Since then mandatory licensure for direct entry midwives was implemented and in 2014 the Health Licensing Office was legislatively mandate to delegate final order authority for all contested cases related to the practice of direct entry midwifery to the Board. During the same time frame the Board was given the authority to review all complaints before beginning an investigation, managing and prioritizing investigations and determine disciplinary action.

Also since 2010 Center for Center for Health Statistics, Vital Records began collecting data for planned out of hospital birth, Oregon Health Plan began reimbursing licensed direct entry midwives for low risk out of hospital births and Health Evidence Review Commission provided coverage guidance for out of hospital birth to assist in determining low risk births.

Since the changes in 2010 the HLO, the Board and stakeholders have identified several administrative rules and topics which need to be reviewed including but not limited to the following:

- Risk assessment
- Client records and charting
- Statistical reporting
- Transfer of care
- Consultation
- Supervision
- Health Licensing Office name change
- Clean up grammatical issues and confusing language; and
- Changes to civil penalty citations

Also part of the administrative rulemaking process a Rules Advisory Committee will be appointed To ensure a collaborative and diverse set of recommendations as presented to the Board. The number of members and types of professional may be determined by the Board in conjunction with HLO. Rules Advisory Committees are used to gather information from outside stakeholders and interested parties and therefore Board members will not serve as members on the Rules Advisory Committees.

Possible Rule Advisory Committee Membership Positions:

- Licensed direct entry midwife
- Certified Nurse Midwife
- Physician
- Obstetrician
- Oregon Midwifery Council member
- Birthway College Representative
- Public Health, Birthing Center Licensing Representative
- Health Evidence Review Commission Representative
- Public member

**MOTION:**

Wendy Smith made a motion with a second by Stephanie Elliott to approve administrative rule schedule

and recommendation membership for Rules Advisory Committee. Motion passed unanimously.

**Executive Session:**

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 619.660(2)(f) at 9:48 on March 31, 2016 for purpose of considering information or records exempt from public inspection including legal advice pursuant to ORS 40.225 and confidential information pursuant to ORS 687.490. Confidential information, investigative files/ summaries and complaint files.
- Executive session concluded and the board reconvened regular session at 12:31 p.m. it was noted that no decisions were made and no votes were made in executive session.

**Items for Board Action:**

In regards to case number 15-7977

- A notice of intent be issued, and the board chair has the approval for the final terms language, and can sign the notice.

**MOTION:**

Stephanie Elliott made a motion with a second by Niamh Charles. Motion passed unanimously.

In regards to case number 11-6616

- To not offer an informal conference at this time.

**MOTION:**

Niamh Charles made a motion with a second by Wendy Smith. Motion passed unanimously.

In regards to case number 15-7858

- Case be closed unsubstantiated. However, to open a case on the licensed midwife.

**MOTION:**

Wendy Smith made a motion with a second by Stephanie Elliott. Motion passed unanimously.

In regards to case numbers 15-7938, 15-7946, 15-7954, 15-7926, 15-7931, and 15-7941

- Cases be closed unsubstantiated.

**MOTION:**

Niamh Charles made a motion with a second by Stephanie Elliot. Motion passed unanimously.

**Executive Session:**

- The Board of Direct Entry Midwifery entered executive session pursuant to ORS 619.660(2)(f) at 12:34 p.m. on March 31, 2016 for the purpose of considering information or records exempt from public inspection. Records to be considered related to legal advice.
- Executive session concluded and the board reconvened regular session at 1:37 p.m. it was noted that no decisions were made and no votes were made in executive session.

**Deliberate on Contested Case Number 10-5969 and 11-6546**

- The Board of Direct Entry Midwifery left the public meeting to deliberate on contested cases number 10-5969 and 11-6546 under ORS 192.690(1) at 1:38 p.m. on March 31, 2016.
- The public meeting reconvened at 1:47 p.m. it was noted that no decisions were made and no votes were made.

In regards to case number 10-5969

- The settlement offer be rejected, and a counter offer be sent to the licensee, and have the board chair approve the final terms language and sign the counter offer.

**MOTION:**

Stephanie Elliot made a motion with a second by Wendy Smith. Motion passed unanimously.

In regards to case number 10-5969, 11-6546

- Licensees be sent an amended notice of intent, and have the board chair approve the final terms, language and sign the new amended notice of intent.

**MOTION:**

Wendy Smith made a motion with a second by Stephanie Elliot. Motion passed unanimously.

**Reports**

**Policy Report**

Samie Patnode, policy analyst, reported on the following topics:

- OHA Health Systems Division (DMAP/ OHP) Collaborative Update

Colleen Forbes will be attending a meeting in April she will provide members, and staff with an update.

- OHA Center for Health Statistics 2016 Traditional Midwives Registry
- Update on parking lot issues

Sarah Kelber, communications coordinator, reported on the following:

- Launch of the new web site, and the need for new pictures
- Updated on current social media page

**Public Comment**

No public comment was received.

**Other Board Business**

- Review out-of-hospital statistics for May board meeting.

The meeting adjourned at approximately 2:19 p.m.

Minutes prepared by: Maria Gutierrez, board specialist

# **Administrative Rule Review**

**OREGON HEALTH AUTHORITY  
HEALTH LICENSING OFFICE, BOARD OF DIRECT ENTRY MIDWIFERY**

**DIVISION 20**

**LICENSURE**

**332-020-0000**

**License Issuance and Renewal**

(1) LICENSING: A licensee is subject to the provisions of OAR chapter 331, division 30 regarding the issuance and renewal of a license, and provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.

(2) LICENSE RENEWAL: To avoid delinquency penalties, license renewal must be made prior to the license entering inactive status. The licensee must submit the following:

(a) Renewal application form;

(b) Payment of required renewal fee;

(c) Attestation of having obtained required continuing education under OAR 332-020-0010, on a form prescribed by the agency, whether license is current or inactive.

(d) Evidence of current certification in cardiopulmonary resuscitation for adults and infants;

(e) Evidence of current certification in neonatal resuscitation;

(f) Evidence of having completed peer review documented on a form prescribed by the agency pursuant to OAR 332-040-0000; and

~~(g) Submit a copy of individual MANA state practice report pursuant to OAR 332-020-0017.~~

(3) INACTIVE LICENSE RENEWAL: A license may be inactive for up to three years. When renewing after entering inactive status, the licensee must submit the following:

(a) Renewal application form;

(b) Payment of delinquency and license fees pursuant to OAR 332-020-0020;

**Commented [PS1]:** Does a statement need to be made that we may audit peer review records? If so the records would include general information NOT medical records. See Heather for further review.

(c) Attestation of having obtained required continuing education under OAR 332-020-0010, on a form prescribed by the agency, whether license is current or inactive.

(d) Evidence of current certification in cardiopulmonary resuscitation for adults and infants;

(e) Evidence of current certification in neonatal resuscitation; and

(f) Evidence of having completed peer review on a form prescribed by the agency pursuant to 332-025-0020.

~~(g) Submit a copy of individual MANA state practice report pursuant to OAR 332-020-0017.~~

(4) EXPIRED LICENSE: A license that has been inactive for more than three years is expired and the licensee must reapply and meet the requirements listed in OAR 332-015-0030.

Stat. Auth.: ORS 676.605, 676.615, 687.420, 687.425, 687.430, 687.485 & 687.493  
Stats. Implemented: ORS 676.605, 676.615, 687.420, 687.425, 687.430, 687.485 & 687.493

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 1-2008, f. 9-15-08 cert. ef. 10-1-08; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 5-2011, f. & cert. ef. 9-26-11; DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15

### **332-020-0010**

#### **Continuing Education**

(1) Standard Continuing Education Renewal Requirements: To maintain licensure an LDM must complete 35 hours of continuing education related to services listed in ORS 687.405, cultural competency, patient charting, ethics, communication, or professional development every two years from the date of initial licensure and every two years thereafter.

(2) In addition to the requirements listed in subsection (1) of this rule and in accordance with ORS 687.425 an LDM who has attended less than five births in the previous renewal year must obtain an additional 10 hours of continuing education separate from all other continuing education requirements. The additional 10 hours of continuing education must be obtained during the next renewal cycle. Subject matter for the additional 10 hours of continuing education must be related to subjects listed in subsection (1) of this rule.

(3) Initial Legend Drugs and Devices Continuing Education Renewal Requirements for individuals licensed before January 1, 2016: An applicant must successfully complete 40 hours of continuing education in a program approved by the Board. This continuing education must be completed prior to purchasing and administering legend drugs and devices and attested to upon the first renewal following initial licensure. Additionally the requirements in subsection (6) must be met upon renewal in 2016. The program is composed of theory, hands-on practice, and skills testing for competency which must include the following:

- (a) Eight hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020;
- (b) Four hours of administration of medications through injection;
- (c) Four hours in advanced treatment of shock;
- (d) 10 hours in intravenous therapy;
- (e) Four hours in neonatal resuscitation; and
- (f) 10 hours in suturing.

(4) Initial Legend Drugs and Devices Continuing Education Renewal Requirements including continuing education in Group B Streptococcal: An individual licensed after January 1, 2016 must successfully complete 48 hours of instruction in an approved curriculum prior to purchasing or administering legend drugs and devices listed in division 26 of these rules or by the date of first renewal following initial licensing as an LDM. The initial renewal continuing education is comprised of theory, hands-on practice, and skills testing for competency which must include the following:

- (a) 10 hours in Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020 including intravenous antibiotics Group B Streptococcal prophylaxis;
- (b) Four hours of administration of medications through injection;
- (c) Four hours in advanced treatment of shock;
- (d) 16 hours in intravenous therapy including intravenous antibiotics Group B Streptococcal prophylaxis;
- (e) Four hours in neonatal resuscitation; and
- (f) 10 hours in suturing.

(5) Subsequent Renewal Legend Drugs and Devices Continuing Education Requirements: To maintain licensure an LDM must complete eight and a half hours of legend drugs and devices continuing education, every two-years and attest to this on the renewal application. The 8.5 hours of legend drugs and devices continuing education is in addition to continuing education required under subsection (1), (2), (3) or (4) of this rule with exception of neonatal resuscitation. Each LDM is required to show evidence of current certification in neonatal resuscitation upon renewal each year. Continuing education components for subsequent renewals must include the following:

- (a) Two hours in pharmacology as of January 1, 2017 all subsequent renewal programs must include continuing education in intravenous antibiotics for Group B Streptococcal prophylaxis;
- (b) One half hour in administration of medications through injection;
- (c) One hour in advanced treatment of shock;
- (d) Three hours in intravenous therapy as of January 1, 2017 all subsequent renewal programs must include continuing education in intravenous antibiotics for Group B Streptococcal prophylaxis; and
- (e) Three hours in suturing.

(6) Initial Legend Drugs and Devices Continuing Education Renewal Requirements for individuals licensed before January 1, 2016: An individual who has already completed the requirements listed in subsection (3) of this rule, must successfully complete approved continuing education in Intravenous antibiotics for Group B Streptococcal prophylaxis consisting of eight hours of instruction including two hours in pharmacology and six hours in intravenous administration. If applicable individuals licensed before January 1, 2016 must still complete the requirements in subsection (1), (2) and (3) of this rule. The requirements must be met:

- (a) Prior to purchasing or administering intravenous antibiotics for Group B Streptococcal prophylaxis; or
- (b) By the date of renewal in 2016.

(7) Continuing Education may be obtained through online courses, attendance at lectures, sessions, courses, workshops, symposiums seminars or other presentations offered by:

- (a) Institutions or programs accredited by a federally recognized accrediting agency;
- (b) Institutions or programs approved by an agency within the Oregon Higher Education Coordinating Commission;

(c) An organization offering continuing medical education opportunities, including but not limited to, Accreditation Council for Continuing Medical Education, MEAC accredited or pre-accredited schools and the Oregon Midwifery Council.

(d) Any additional board approved professional organization, or association, hospital, or health care clinic offering continuing education related to subject matter listed above.

(8) Continuing education relating to subject matter listed in subsection (1) of this rule may also be obtained through research, authorship or teaching, provided that no more than half the required hours be in research, authorship or teaching.

(9) Up to nine hours of continuing education relating to subject matter listed in subsection (1) of this rule may be completed through self-study. Documentation substantiating the completion of continuing education through self-study must be submitted on forms provided by the agency and must include the following:

(a) Name of sponsor or source, type of study, description of content, date of completion, and duration in hours in accordance with subsection (8) of this rule;

(b) Name of approved correspondence courses or national home study issues;

(c) Name of publications, textbooks, printed material or audiocassette's, including date of publication, publisher, and ISBN identifier; and

(d) Name of films, videos, or slides, including date of production, name of sponsor or producer and catalog number.

(10) Obtaining and maintaining proof of participation in continuing education is the responsibility of the licensee. The licensee must ensure that adequate proof of attainment of required continuing education is available for audit or investigation or when otherwise requested by the agency. Adequate proof of participation is listed under OAR 332-020-0015(3).

(11) Documentation of participation in continuing education requirements must be maintained for a period of two years following renewal, and must be available to the agency upon request.

(12) Hours of continuing education that are obtained in excess of the minimum requirements listed in this rule will not be carried forward as credit for the subsequent license renewal reporting cycle.

(13) For the purpose of this rule continuing education must include periods of continuous instruction and education, not to include breaks, rest periods, travel registration or meals.

(14) A copy of Board-approved curriculum objectives for LDD program is available at the Health Licensing Office or on the office website at <http://www.oregon.gov/ohla/Pages/index.aspx>. Payment of administrative fees may be required. Refer to OAR 331-010-0030 for applicable public record request fees.

(15) Continuing education hours obtained for legend drugs and devices, neonatal resuscitation or cardiopulmonary resuscitation for adults and infants cannot be used towards the 35 Standard Continuing Education Renewal Requirements listed under subsection (1) of this rule.

Stat. Auth.: ORS 676.615, 687.425 & 687.485

Stats. Implemented: ORS 676.615, 687.425 & 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 2-2008(Temp), f. 9-15-08 cert. ef. 10-1-08 thru 3-30-09; DEM 1-2009, f. 3-31-09, cert. ef. 4-1-09; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 1-2013(Temp), f. 7-10-13, cert. ef. 7-12-13 thru 1-8-14; DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14; DEM 2-2014, f. 12-31-14, cert. ef. 1-1-15; DEM 2-2015, f. & cert. ef. 7-1-15

### **332-020-0015**

#### **Continuing Education: Audit, Required Documentation and Sanctions**

(1) The Agency will audit a select percentage of licenses to verify compliance with continuing education requirements.

(2) Licensees notified of selection for audit of continuing education attestation must submit to the agency, within 30 calendar days from the date of issuance of the notification, satisfactory evidence of participation in required continuing education in accordance with OAR 332-020-0010.

(3) Evidence of successful completion of the required continuing education must include the following:

(a) Name of continuing education sponsor/provider;

(b) Course agenda — including the date of the training and breakdown of hours for each agenda item, lunch and breaks;

(c) Course outline — including a detailed summary of each topic discussed and the learning objective or training goal of each agenda item; The content of the course must have a direct relationship between the course training and subject matter related to Direct Entry Midwifery, as outlined in OAR 332-020-0010;

(d) Background resume of speakers or instructors; and

(e) Documentation of attendance or successful course completion. Examples include a certificate, transcript, sponsor statement or affidavit attesting to attendance, diploma.

(4) If documentation of continuing education is invalid or incomplete, the licensee has 30 calendar days from the date of the deficiency notice to correct the deficiency and submit further documentation to substantiate having completed the required continuing education.

(5) Misrepresentations of continuing education or failure to complete continuing education requirements may result in disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the license.

Stat. Auth.: ORS 687.425 & 687.485

Stats. Implemented: ORS 687.425 & 687.485

Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 2-2013, f. 12-30-13, cert. ef. 1-1-14

### **332-020-0015**

#### **Continuing Education: Audit, Required Documentation and Sanctions**

(1) The agency will audit a select percentage of licenses determined by the board to verify compliance with continuing education requirements.

(2) A licensee notified of selection for audit of continuing education attestation must submit to the agency, within 30 calendar days from the date of notification, satisfactory evidence of participation in required continuing education in accordance with OAR 332-020-0010.

(3) If selected for audit, the licensee must provide documentation of the required continuing education, which must include:

(a) Certificate of completion, official transcript, statement or affidavit from the sponsor attesting to attendance or other documentation approved by the agency.

(b) Name of sponsoring institution/association or organization;

(c) Title of presentation and description of content;

(d) Name of instructor or presenter;

(e) Date of attendance and duration in hours; and

(f) Course agenda.

(4) If documentation of continuing education is incomplete, the licensee has 30 calendar days from the date of notice to submit further documentation to substantiate having completed the required continuing education.

(5) Failure to meet continuing education requirements shall constitute grounds for disciplinary action, which may include but is not limited to assessment of a civil penalty and suspension or revocation of the license.

**Commented [PS2]:** Review and discuss OMA recommendations

Stat. Auth.: ORS 687.425 & 687.485

Stats. Implemented: ORS 687.425 & 687.485

Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02; DEM 1-2004, f. 6-29-04, cert. ef. 7-1-04; DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11

### **332-020-0017**

#### **Reporting Requirements**

(1) In accordance with ORS 687.425, for renewal of a license an individual licensed as an LDM must submit data on every mother and baby electronically to the MANAstats Project on any form prescribed by MANA, and in accordance with the policies and procedures established by MANA. A licensee must:

(a) Begin data collection with MANA for each mother who initiates care as of June 1, 2011; and

(b) Submit a copy of their individual MANAstats practice report annually to the agency at the time of license renewal, beginning June 2012.

(2) A licensee is required to notify the agency of the number of mothers who decline consent to participate in the MANAstats data collection system annually on a form prescribed by the agency.

(3) When a mother declines consent to participate in the MANAstats data collection, the licensee must provide de-identified mother and baby data to the agency on a form prescribed by the agency. If there are multiple licensees present at the same birth, the licensees must designate one licensee to report to the agency.

Stat. Auth.: ORS 687.485 & 676.615

Stats. Implemented: ORS 687.425, 687.435, 687.485, 687.495, 676.606 & 676.607

Hist.: DEM 5-2010, f. 12-30-10, cert. ef. 1-1-11; DEM 5-2011, f. & cert. ef. 9-26-11



## MEMORANDUM

To: Board of Direct Entry Midwifery  
From: Danielle Sobel, Health Policy Specialist  
Date: November 13, 2013  
Re: Continuing Education Requirements Proposed Rules

The Oregon Medical Association (OMA) appreciates the opportunity to comment on the proposed rule changes to continuing education requirements for licensed direct entry midwives.

The OMA recommends that the continuing education review process, as outlined in OAR 332-020-0015 (audits and sanctions) explicitly outlines the sanctions resulting from disciplinary actions for non-compliance. The current language is broad and states that only sanctions *may* be imposed; by not requiring that sanctions be imposed for non-compliance and indicating what those sanctions are, direct entry midwives will not be compelled to complete the continuing education requirements outlined in previous sections of this rule.

The Oregon Medical Board rules explicitly define the process for licensees audited by the Board, including number of days and associated fees for each non-compliant action (OAR 847-008-0070).

**847-008-0070**  
**Continuing Medical Competency (Education)**

(5) The Board may audit licensees for compliance with CME. Audited licensees have 60 days from the date of the audit to provide course certificates. Failure to comply or misrepresentation of compliance is grounds for disciplinary action.

(6) As the result of an audit, if licensee's CME is deficient or licensee does not provide adequate documentation, the licensee will be fined \$250 and must comply with CME requirements within 120 days from the date of the audit.

(a) If the licensee does not comply within 120 days of the date of the audit, the fine will increase to \$1000; and

(b) If the licensee does not comply within 180 days of the date of the audit, the licensee's license will be suspended for a minimum of 90 days.

Clearly defined disciplinary actions allow both the licensee and the licensee's board to understand and comply with the process. The OMA recommends that the midwifery rules be amended to clearly define how, when and what disciplinary actions will be imposed if the licensee cannot appropriately verify continuing education credits.

Thank you for the opportunity to comment on the proposed rules.

## OREGON MEDICAL BOARD

847-008-0070

### Continuing Medical Competency (Education)

The Oregon Medical Board is committed to ensuring the continuing competence of its licensees for the protection, safety and well being of the public. All licensees must engage in a culture of continuous quality improvement and lifelong learning.

(1) Licensees renewing registration who had been registered with Active, Administrative Medicine Active, Locum Tenens, Telemedicine Active, Telemonitoring Active, or Teleradiology Active status for the previous registration period must demonstrate ongoing competency to practice medicine by:

(a) Ongoing participation in maintenance of certification by an American Board of Medical Specialties (ABMS) board, the American Osteopathic Association's Bureau of Osteopathic Specialists (AOA-BOS), the American Board of Podiatric Medicine (ABPM), the American Board of Foot and Ankle Surgery (ABFAS), the National Commission on Certification of Physician Assistants (NCCPA), or the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM); or

(b) 60 hours of continuing medical education (CME) per two years relevant to the licensee's current medical practice, or 30 hours of CME if licensed during the second year of the biennium, as follows:

(A) American Medical Association (AMA) Category 1;

(B) American Osteopathic Association (AOA) Category 1-A or 2-A;

(C) American Podiatric Medical Association's (APMA) Council on Podiatric Medical Education approved sponsors of continuing education; or

(D) American Academy of Physician Assistants (AAPA) Category 1 (pre-approved); or

(c) 30 hours of NCCAOM-approved courses per two years relevant to the licensee's current practice, or 15 hours if licensed during the second year of the biennium.

(2) Licensees renewing registration who had been registered with Emeritus status for the previous registration period must demonstrate ongoing competency by:

(a) Ongoing participation in re-certification by an ABMS board, the AOA-BOS, the ABPM, the ABFAS, the NCCPA, or the NCCAOM; or

(b) 15 hours of CME per year as follows:

- (A) AMA Category 1 or 2;
- (B) AOA Category 1-A, 1-B, 2-A or 2-B;
- (C) APMA-approved continuing education; or
- (D) AAPA Category 1 or 2; or
- (c) 8 hours of NCCAOM-approved courses.

(3) Licensees who have lifetime certification without participation in maintenance of certification with the ABMS, AOA-BOS, ABPM, ABFAS, or NCCPA must submit the required CME in section (1) (b) of this rule or section (2) (b) of this rule if renewing with Emeritus status.

(4) Licensees who have lifetime certification without participation in maintenance of certification with the NCCAOM must submit the required CME in section (1) (c) of this rule or section (2) (c) of this rule if renewing with Emeritus status.

(5) CME in cultural competency is considered relevant CME for the current practice of all licensees and may be used toward satisfying the required CME hours.

(6) Licensees who perform Level II office-based surgical procedures and who are not eligible or maintaining certification with an ABMS, AOA-BOS, ABPM, ABFAS, or NCCPA specialty board, must obtain 50 hours of CME each year. The CME hours must be relevant to the surgical procedures to be performed in the office-based facility and must be accredited as described in section (1)(b) of this rule. This requirement may not be satisfied with cultural competency CME or other CME that is only generally relevant to the licensee's practice.

(7) The Board may audit licensees for compliance with CME. Audited licensees have 60 days from the date of the audit to provide course certificates. Failure to comply or misrepresentation of compliance is grounds for disciplinary action.

(8) As the result of an audit, if licensee's CME is deficient or licensee does not provide adequate documentation, the licensee will be fined \$250 and must comply with CME requirements within 120 days from the date of the audit.

(a) If the licensee does not comply within 120 days of the date of the audit, the fine will increase to \$1000; and

(b) If the licensee does not comply within 180 days of the date of the audit, the licensee's license will be suspended for a minimum of 90 days.

(9) The following licensees are exempt from this rule:

(a) Licensees in residency training;

(b) Licensees serving in the military who are deployed outside Oregon for 90 days or more during the reporting period; and

(c) Volunteer Camp licensees.

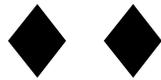
Stat. Auth.: ORS 677.265

Stats. Implemented: ORS 677.265, 677.512, 677.759, 677.837

Hist.: BME 2-2009, f. & cert. ef. 1-22-09; BME 16-2009, f. & cert. ef. 10-23-09; OMB 7-2011, f. & cert. ef. 4-25-11; OMB 23-2012, f. & cert. ef. 8-3-12; OMB 2-2014, f. & cert. ef. 1-14-14; OMB 7-2016, f. & cert. ef. 4-8-16

# **Public/Interest Parties Feedback**

# **Executive Session**



ORS 192.660(2)(f) for the purpose of considering  
information or records exempt from public inspection.

# **Items for Board Action**

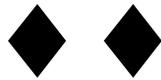
# **Deliberate on Contested Case**

~

**The Board will leave the public meeting under ORS 192.690(1) to deliberate on contested case.**

# **Items for Board Action**

# **Executive Session**



ORS 192.660(2)(f) for the purpose of considering  
information or records exempt from public inspection.

# **Items for Board Action**

# **Director Report**

# **Licensing and Fiscal Statistical Reports**

# Health Licensing Office

## Board of Direct Entry Midwifery

*Licensing Division Statistics as of May 26, 2016*

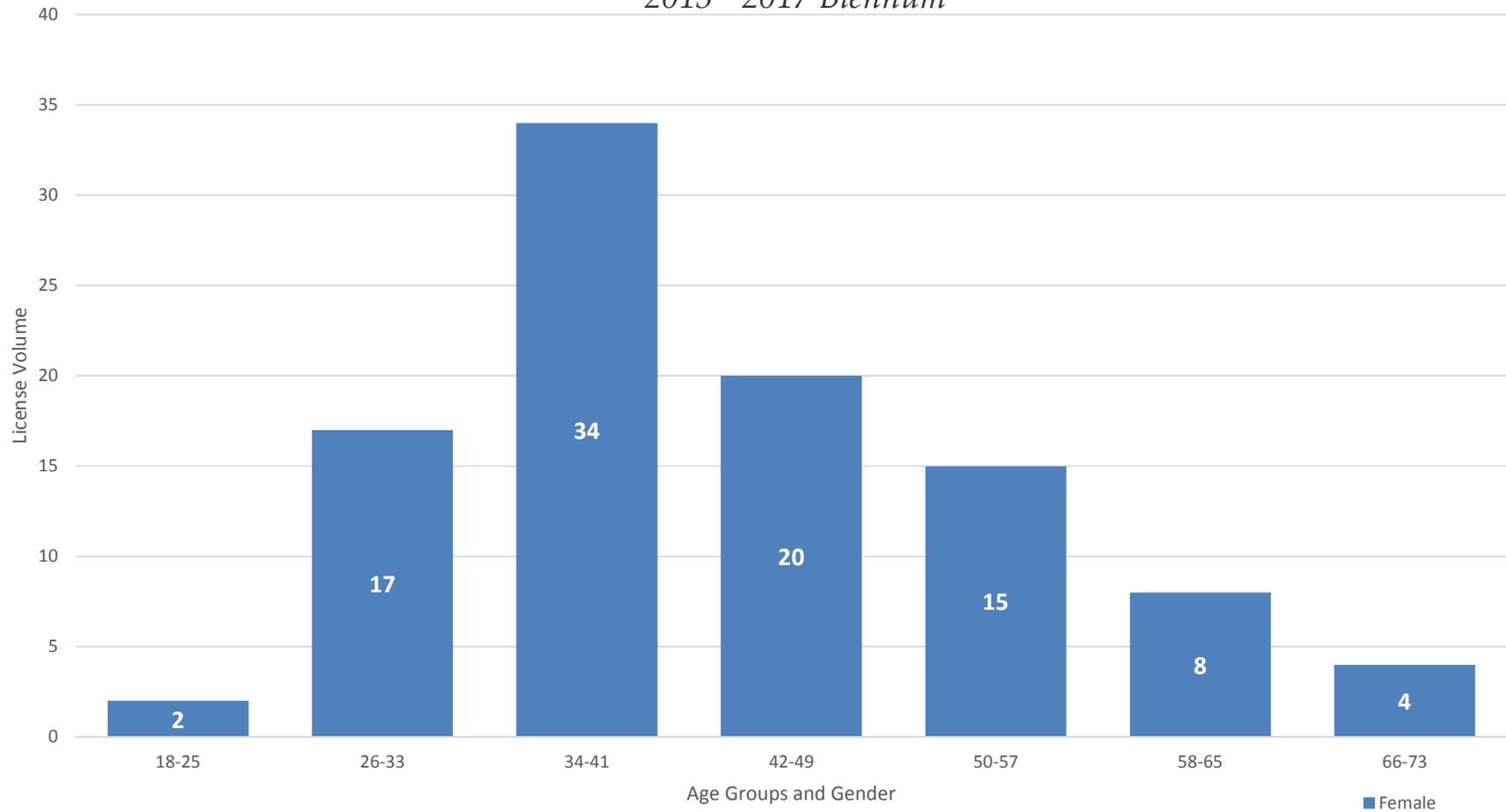
*2015 - 2017 Biennium*

<b>Quarter</b>	<b>Licenses Issued</b>	<b>Renewals Processed</b>	<b>License Volume</b>
<b>1st</b>	5	19	98
<b>2nd</b>	5	20	100
<b>3rd</b>	2	23	103
<b>4th</b>	-	13	100
<b>5th</b>	-	-	
<b>6th</b>	-	-	
<b>7th</b>	-	-	
<b>8th</b>	-	-	
<b>Total</b>	<b>12</b>	<b>75</b>	

# Active Midwifery License Volume

*Statistics grouped by age as of May 26, 2016*

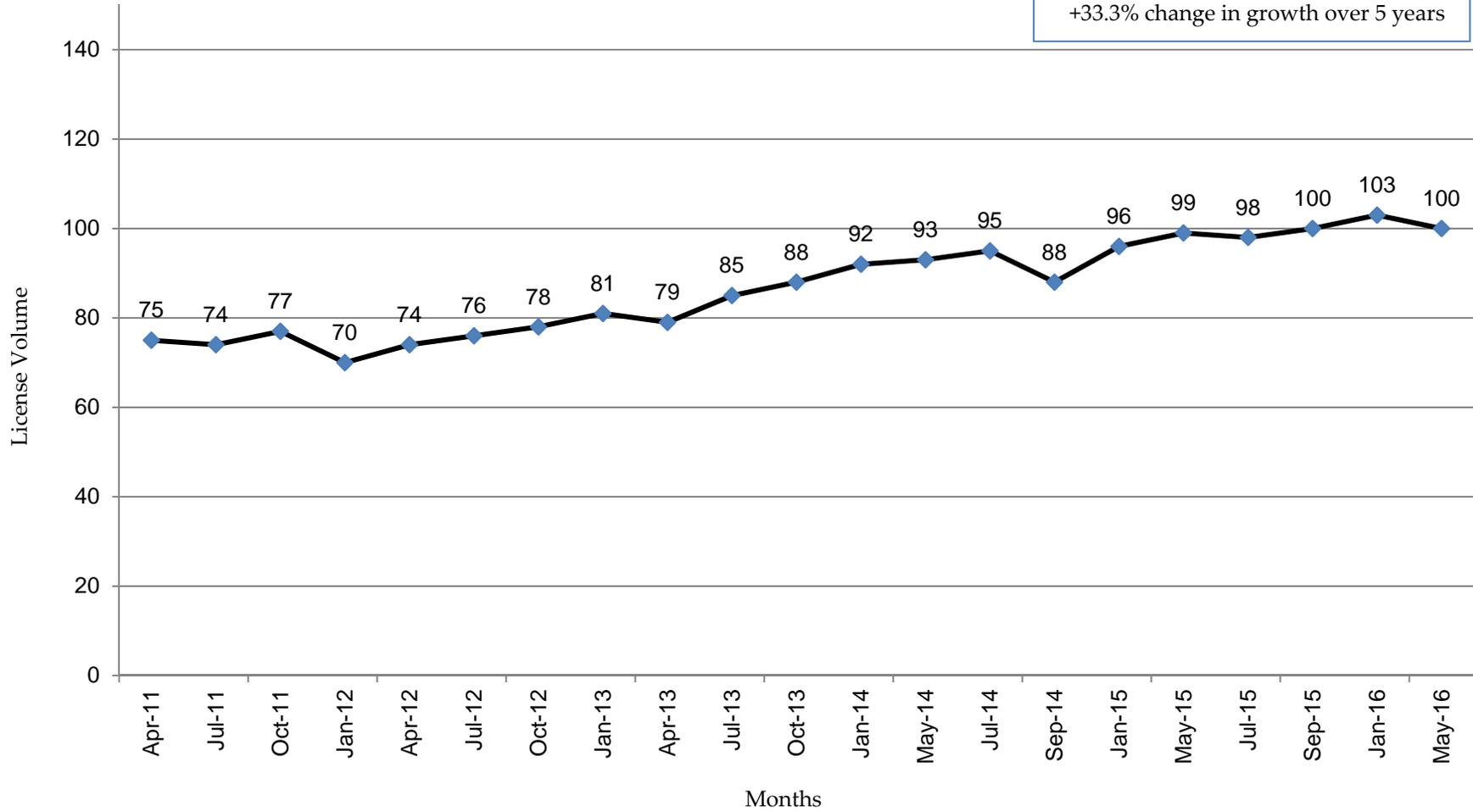
*2015 - 2017 Biennium*



# Board of Direct Entry Midwifery

*Active License Trend*  
*April 2011 - May 2016*

+1.0% change in growth over 1 year  
+33.3% change in growth over 5 years



HEALTH LICENSING OFFICE Fund 3810 - DIRECT ENTRY MIDWIFERY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/15 - 05/26/16	
CURRENT	
<b>15-17' Beginning Cash Balance</b>	\$ (66,729.00)
Revenues	\$ 26,700.00
Expenditures	\$ 175,636.19
Less: Accrued Expenditures	
Less: Total Expenditures	<u>\$ (175,636.19)</u>
Subtotal: Resources Available	\$ (215,665.19)
Change in (Current Assets)/Liabilities	\$ -
<b>Ending Cash Balance (Actual)</b>	<b>\$ (215,665.19)</b>
Indirect Charges are calculated using the following rates:	
* Based on average licensee volume	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.53%
Inspection %	0.00%

HEALTH LICENSING OFFICE Fund 3810 - DIRECT ENTRY MIDWIFERY STATEMENT OF CASH FLOW FOR THE PERIOD 07/01/15- 06/30/17	
PROJECTED	
<b>15-17' Beginning Cash Balance</b>	\$ (66,729.00)
Revenues	\$ 99,634.60
Expenditures	\$ 412,125.93
Less: Accrued Expenditures	\$ -
Less: Total Expenditures	<u>\$ (412,125.93)</u>
Subtotal: Resources Available	\$ (379,220.33)
Change in (Current Assets)/Liabilities	\$ -
<b>Ending Cash Balance (Projection)</b>	<b>\$ (379,220.33)</b>
Indirect Charges are calculated using the following rates:	
*Based on Licensee Volume as of May 20, 2013	
Shared Assessment %	0.10%
Examination %	0.00%
Small Board Qualification %	1.53%
Inspection %	0.00%

# **Regulatory Report**

# Health Licensing Office



700 Summer St. NE, Suite 320  
Salem, OR 97301-1287  
Phone: (503) 378-8667  
Fax: (503) 370-9004  
Web: [www.oregon.gov/oha/hlo](http://www.oregon.gov/oha/hlo)  
E-mail: [hlo.info@state.or.us](mailto:hlo.info@state.or.us)

## ***Board of Direct Entry Midwifery***

---

---

*June 9, 2016*

### ***2013 - 2015 Biennium***

Between July 1, 2013 and June 30, 2015, 19 complaints were received. Total open 12. Total closed 7.

<i>Allegation Filed By:</i>		
<b>Mandatory Reporter</b>	<b>Client</b>	<b>Other</b>
<b>13</b>	<b>0</b>	<b>6</b>

### ***2015 - 2017 Biennium***

Between July 1, 2015 and April 30, 2016, 54 complaints were received. Total open 11. Total closed 43.

<i>Allegation Filed By:</i>		
<b>Mandatory Reporter</b>	<b>Client</b>	<b>Other</b>
<b>49</b>	<b>2</b>	<b>3</b>

# **Other Board Business**