



**2011 Colorado Direct Entry Midwives Sunset Review**  
**Senate Bill 088 Overview**

*This bill passed both chambers with only two NO votes on 5/11/2011.*

The law that regulates “direct entry” midwives in Colorado is part of Title 12 in the Colorado Statutes. Title 12 is called “Professions and Occupations.” There is a “general” and “health care” component to Title 12. Direct entry midwives (DEMs), are in the Health Care section at Article 37. There are ten sections to the law regulating direct entry midwives in Colorado. The following chart illustrates the sections and denotes what changes Senate Bill 88 brought to each section.<sup>1</sup>

12-37-101 “Scope of Article”	The prohibition on being simultaneously licensed as a nurse and registered as a direct entry midwife has been eliminated. Doctors and Nurse-Midwives are still prohibited from being dually licensed, but nurses can also register as DEMs. The new law contains clarifying language that asserts that a DEM who is also a nurse cannot call themselves a nurse-midwife, and that their scope of practices are not expanded.
12-37-102 “Definitions”	A definition for “client” was added. A definition for “division” was added (referring to DORA). And the definition of “natural childbirth” was changed to reflect the new right to obtain and administer drugs.
12-37-103 “Requirements for Registration”	The section that prohibits reciprocity – meaning that being a licensed midwife in one state does not mean you are automatically a registered midwife in Colorado – was moved here.
12-37-104 “Mandatory Disclosure of Information”	Adding to the disclosures required at initial client contact: whether or not the midwife will administer vitamin K and Rhogam. If not, the midwife must provide a list of providers who will.
12-37-105 “Prohibited Acts – Practice Standards”	An exception to the prohibition on use of drugs is added – creating a 105.5 where the new drug scope of practice is delineated. The informed consent form must now include a statement confirming that the client knows they are not retaining a CNM. Midwives must now refer their newborns “to a licensed health care provider with expertise in pediatric care” within 7 days of birth. Cause of death and description of circumstances must be sent to DORA when perinatal deaths are reported.

<sup>1</sup> This chart reflect the final bill as passed by both chambers after the final conference committee. Minor grammatical and word-choice changes were made throughout. You can find the final bill and bill history here: <http://www.leg.state.co.us/CLICS/CLICS2011A/csl.nsf/MainBills?openFrameset> type in 088 to locate this bill. You can find information about amendments considered here: <http://elephantcircle.net/?p=142>

	<p>The new section 105.5 protects pharmacists from liability, delineates where midwives may obtain drugs, and allows them to obtain and administer Vitamin K, Rhogam, antihemorrhagic drugs, and eye prophylaxis. Documentation of informed refusal of Vitamin K and Rhogam is required. Immediate transport “in accordance with the emergency plan” is required when a client refuses antihemorrhagics. The emergency plan now needs to include a statement that uncontrollable postpartum hemorrhage requires midwives to initiate emergency medical treatment “which may include” antihemorrhagic drugs while initiating immediate transportation in accordance with the emergency plan. The emergency plan also need to note that the midwife can administer IVs if she experiences postpartum hemorrhage. This section also gives the director power to implement rules related to these provisions, including an IV course approved by the director, and a preferred drug list.</p> <p>There is also a temporary section here that states that stakeholders will come together to reach an “accord” regarding suturing.</p>
12-37-106 “Director”	Allows the director to suspend a registration for failure to comply with an order of the director.
12-37-107 “Disciplinary Action”	Gives the director the power to create a fine structure, and adds failure to respond in a material and timely manner and failure to comply with an order as grounds for discipline.
12-37-108 “Unauthorized Practice”	No changes.
12-37-109 “Assumption of Rick – No Vicarious Liability”	Three paragraphs were removed from this section eliminating: the legislative declaration that did not endorse midwifery, the exclusion of midwives from the liability cap on damages, and the exclusion of midwives from reimbursement by health insurers. This section also adds a provision encouraging doctors to accept referrals from midwives.
12-37-110 “Repeal of Article”	This section determines when the bill sunsets. The next sunset will be in five years, with the current law set to expire on 9/1/2016.