



PERMANENT ADMINISTRATIVE ORDER

DEM 3-2019

CHAPTER 332

OREGON HEALTH AUTHORITY

HEALTH LICENSING OFFICE, BOARD OF DIRECT ENTRY MIDWIFERY

FILED

12/19/2019 11:49 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Align Board of Direct Entry Midwifery rules with current industry standards; clarify regulatory processes.

EFFECTIVE DATE: 01/01/2020

AGENCY APPROVED DATE: 11/20/2019

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RULES:

332-015-0000, 332-015-0025, 332-015-0030, 332-015-0080, 332-020-0000, 332-020-0010, 332-020-0015, 332-020-0017, 332-025-0015, 332-025-0020, 332-025-0022, 332-025-0110, 332-026-0000, 332-026-0010, 332-026-0020, 332-026-0030, 332-040-0000

AMEND: 332-015-0000

RULE TITLE: Definitions

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Amend definitions to align with rule language.

RULE TEXT:

The following definitions as used in OAR 332-015-0000 through 332-040-0000:

- (1) "Antepartum" and "prenatal" means the period of time from conception to the onset of labor.
- (2) "Board" means the State Board of Direct Entry Midwifery.
- (3) "Community birth" means birth in a home or birth center with a midwife.
- (4) "Intrapartum" means the period of time from the onset of labor through the birth of the placenta.
- (5) "LDM" means a licensed direct entry midwife.
- (6) "MANA" means the Midwives Alliance of North America.
- (7) "MEAC" means the Midwifery Education and Accreditation Council.
- (8) "NARM" means the North American Registry of Midwives.
- (9) "Newborn" means a child less than one month of age.
- (10) "Office" means the Health Licensing Office.
- (11) "Postpartum" means the period of time immediately after and up to eight weeks following a person giving birth.
- (12) "Traditional Midwife" has the meaning set forth in ORS 687.415.
- (13) "Transfer of care" or "transfer care" means the process whereby any LDM who has been providing midwifery care relinquishes responsibility to a physician or physician assistant licensed under ORS 677, a nurse practitioner who is licensed as a nurse midwife under ORS 678 or nurse practitioner licensed under ORS 678, a naturopath licensed under

ORS 685, emergency services personnel under ORS 682, or a hospital.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.405, ORS 687.415, ORS 687.420

STATUTES/OTHER IMPLEMENTED: ORS 687.405, ORS 687.415, ORS 687.420

AMEND: 332-015-0025

RULE TITLE: Direct Entry Midwifery License

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Align rule with statutory language.

RULE TEXT:

(1) A direct entry midwife licensed under ORS 687.420 may perform direct entry midwifery services defined under 687.405.

(2) A direct entry midwife license is active for one year and becomes inactive on the last day of the month one year from the date of issuance.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 676.572, ORS 687.420

STATUTES/OTHER IMPLEMENTED: ORS 687.420

AMEND: 332-015-0030

RULE TITLE: Application Requirements Direct Entry Midwifery License

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Amend requirements to obtain a licensure.

RULE TEXT:

(1) An individual applying for licensure to practice direct entry midwifery must:

- (a) Meet the requirements of OAR 331 Division 30;
- (b) Submit a completed application on a form prescribed by the Office, which must contain the information listed in OAR 331-030-0000 and be accompanied by the required application and license fees;
- (c) Submit proof of being currently certified in cardiopulmonary resuscitation for infants and adults pursuant to ORS 687.420;
- (d) Submit proof of being currently certified in neonatal resuscitation;
- (e) Submit a written plan for emergency transport for birthing person or newborn pursuant to OAR 332-025-0020; and
- (f) Submit proof of having current Certified Professional Midwife credential from NARM.

(2) In addition to the requirements listed in subsection (1) of this rule and pursuant to ORS 687.420, an applicant must show proof of having participated in:

- (a) 25 deliveries as an assistant.
 - (b) 25 deliveries as the primary or the primary under supervision.
 - (c) 100 prenatal care visits, 25 newborn examinations, and 40 postnatal examinations.
 - (d) 10 deliveries where continuity of care was provided as an assistant or primary care provider. The continuity of care must include four prenatal visits, one newborn examination, and one postpartum exam for each of the 10 deliveries.
- (3) Of the 50 births listed in subsection (2) of this rule, at least 25 deliveries must have taken place as a community birth and 10 births must have occurred within the two years before the date of application.

(4) For the purpose of this rule, experience as an assistant, primary or primary under supervision must have been obtained in one of the following ways:

- (a) As an Oregon licensed health care practitioner while the services provided were within the scope of the practitioner's license;
- (b) As a traditional midwife providing services in Oregon pursuant to ORS 687.415(2)(b);
- (c) As an individual supervised by an LDM; or
- (d) Under other lawful means.

(5) If the applicant received the Initial Legend Drugs and Devices continuing education prior to applying for licensure, it must have been obtained within two years before the date of application. If applicant receives the continuing education within 12 months after applying for licensure, the applicant must attest to having received the continuing education at the time of next renewal on a form prescribed by the Office.

(6) If the applicant has not received the Initial Legend Drugs and Devices continuing education listed under OAR 332-020-0010(2) or (3) at the time of application this information must be disclosed to each patient on the patient disclosure form required under OAR 332-025-0020.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.415, ORS 687.420, ORS 687.485

STATUTES/OTHER IMPLEMENTED: ORS 687.415, ORS 687.420, ORS 687.485

AMEND: 332-015-0080

RULE TITLE: License Display and Posting Requirements

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Simplify language and align with statutory language.

RULE TEXT:

(1) An LDM must show proof of valid license or post the license document in public view at the LDM's primary workplace.

(2) An LDM must carry the license identification card (pocket card) or post the official license in plain view anytime services are being provided.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 676.572, ORS 687.485

STATUTES/OTHER IMPLEMENTED: ORS 676.572, ORS 687.485

AMEND: 332-020-0000

RULE TITLE: License Issuance and Renewal

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Amend requirements for license renewal.

RULE TEXT:

(1) LICENSING: An LDM 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. To renew, an LDM must:

(a) Submit a renewal application form;

(b) Submit payment of renewal fee;

(c) Attest to having obtained required continuing education under OAR 332-020-0010, on a form prescribed by the Office;

(d) Attest to being currently certified in cardiopulmonary resuscitation for infants and adults pursuant to ORS 687.425;

(e) Attest to being currently certified in neonatal resuscitation;

(f) Attest to having reported all births where the LDM was the primary midwife to MANAstats database pursuant to OAR 332-020-0017; and

(g) Attest to having participated in peer review pursuant to 332-025-0015.

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

(a) Submit a renewal application form;

(b) Submit payment of renewal and delinquency fees;

(c) Attest to having obtained required continuing education under OAR 332-020-0010, on a form prescribed by the Office, whether license is current or inactive;

(d) Attest to being currently certified in cardiopulmonary resuscitation for infants and adults pursuant to ORS 687.425;

(e) Attest to being currently certified in neonatal resuscitation;

(f) Attest to having reported all births where the LDM was the primary midwife to MANAstats database pursuant to OAR 332-020-0017; and

(g) Attest to having participated in peer review pursuant to 332-025-0015.

(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.

STATUTORY/OTHER AUTHORITY: ORS 676.568, ORS 676.572, ORS 676.576, ORS 87.425, ORS 687.493

STATUTES/OTHER IMPLEMENTED: ORS 676.572, ORS 87.425

AMEND: 332-020-0010

RULE TITLE: Continuing Education

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Revise continuing education requirements.

RULE TEXT:

(1) Standard Continuing Education Renewal Requirements: To maintain licensure, an LDM must complete at least 35 continuing education hours every two years from the date of initial licensure, and every two years thereafter.

Continuing education must be related to the services listed in ORS 687.405, cultural competency, patient charting, ethics, communication, or professional development.

(2) In addition to the requirements listed in section (1) of this rule five (5) of the 35 hours listed in subsection (1) of this rule must be related to legend drugs and devices pursuant to OAR Chapter 332, Division 26, which must include at least one (1) of the following:

(a) Pharmacology covering drugs listed in ORS 687.493, OAR 332-026-0010 and 332-026-0020.

(b) Administration of medications through injection.

(c) Advanced treatment of shock.

(d) Intravenous therapy.

(e) Suturing.

(3) Initial Legend Drugs and Devices Continuing Education: An LDM must complete 40 hours of instruction in an approved curriculum prior to purchasing or administering legend drugs and devices listed in OAR Chapter 332, Division 26 of these rules or by the date of first renewal following initial licensing as an LDM. The initial continuing education is comprised of theory, hands-on practice, and skills testing for competency which must include:

(a) 10 hours in pharmacology, covering drugs listed in ORS 687.493, OAR Chapter 332, Division 26 including.

(b) Four (4) hours of administration of medications through injection.

(c) Four (4) hours in advanced treatment of shock.

(d) 12 hours in intravenous therapy.

(e) 10 hours in suturing.

(4) In addition to the requirements listed in subsection (1) of this rule and in accordance with ORS 687.425, an LDM who has attended fewer 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 license renewal cycle. The additional 10 hours of continuing education must be related to subjects listed in subsection (1) of this rule. An example pertaining to the timing of when the additional 10 hours of continuing education must be obtained is: An LDM who held a license from April 2018 to April 2019 who attended fewer than five births during that time period must obtain an additional 10 continuing education hours between April 2019 and April 2020.

(5) 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 body.

(b) Institutions or programs approved by the Oregon Higher Education Coordinating Commission.

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

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

(6) Continuing education relating to the 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.

- (7) Up to 10 hours of continuing education relating to subject matter listed in subsection (1) of this rule may be completed through self-study that may include clinical service learning. Documentation substantiating the completion of continuing education through self-study must be submitted on forms provided by the Office.
- (8) 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 Office. Adequate proof of participation is listed under OAR 332-020-0015(3).
- (9) Hours of continuing education that are obtained in excess of the minimum requirements listed in this rule will not be carried forward.
- (10) Documentation of participation in continuing education requirements must be maintained for five (5) years following renewal and must be available to the Office upon request.
- (11) For the purpose of this rule, continuing education must include periods of continuous instruction and education. One hour of continuing education is one hour of actual class time, not to include breaks, rest periods, travel, registration or meals.
- (12) A copy of Board-approved curriculum objectives for legend drugs and devices program is available at the Health Licensing Office or on the Office website. Payment of administrative fees may be required. Refer to OAR 331-010-0030 for applicable public record request fees.
- (13) Requirements listed under OAR 332-020-0000 cannot be used towards the continuing education requirements listed in this rule.

STATUTORY/OTHER AUTHORITY: ORS 687.425, ORS 676.615

STATUTES/OTHER IMPLEMENTED: ORS 687.425

AMEND: 332-020-0015

RULE TITLE: Continuing Education: Audit and Required Documentation

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Align continuing education audit requirements.

RULE TEXT:

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

(2) An LDM notified of selection for audit of continuing education attestation must submit to the Office, 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, an LDM must provide documentation of the required continuing education. Documentation must include:

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

(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 the notice sent to the licensee to submit further documentation to substantiate having completed the required continuing education.

(5) An LDM notified of having been selected for an audit must show proof of having:

(a) Participated in peer review pursuant to OAR 332-025-0015.

(b) The required certification in cardiopulmonary resuscitation for infants and adults.

(c) The required certification in neonatal resuscitation.

(d) Reported all births pursuant to OAR 332-020-0117.

(6) Documentation listed in subsection (5) of this rule must be kept and maintained for five years following renewal and must be available to the Office upon request.

STATUTORY/OTHER AUTHORITY: ORS 676.568, ORS 676.615, ORS 687.425

STATUTES/OTHER IMPLEMENTED: ORS 687.425

AMEND: 332-020-0017

RULE TITLE: Reporting Requirements

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Simplify reporting requirements.

RULE TEXT:

In accordance with ORS 687.425, for renewal of a license an individual licensed as an LDM must attest to having submitted data on every birthing person and newborn electronically to the MANAstats database on any form prescribed by MANA, and in accordance with the policies and procedures established by MANA.

STATUTORY/OTHER AUTHORITY: ORS 676.568, ORS 676.615

STATUTES/OTHER IMPLEMENTED: ORS 687.425

ADOPT: 332-025-0015

RULE TITLE: Peer Review and Sentinel Events

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Specify peer review requirements and reporting of specific sentinel events.

RULE TEXT:

- (1) Pursuant to ORS 687.480, an LDM must participate in peer review.
- (2) "Peer review" means the candid review and evaluation, subject to ORS 41.675, of midwifery practice. The objective of peer review includes: reviewing the care provided, making recommendations for quality improvement, and identifying areas where additional education or skills training is needed.
- (3) An LDM must participate in at least two peer review sessions per year, regardless of the number of births attended.
 - (a) Each peer review must be conducted with at least two other LDMs, one of which must be outside the LDM's practice.
 - (b) Each peer review must be conducted with providers who perform community births.
- (4) At least one of the peer review sessions discussed in subsection (3) of this rule must be conducted through an entity. The peer review must meet the following requirements:
 - (a) The entity through which the peer review occurs must consist of more than five LDMs.
 - (b) The entity through which the peer review occurs must be an entity that reviews the quality of professional midwifery care provided by the LDM.
 - (c) The peer review must be conducted with at least two other LDMs, one of which must be outside the LDMs practice.
 - (d) The peer review must be conducted with providers who perform community birth.
- (5) An LDM who has had one of the following sentinel events must have the sentinel event reviewed within 90 days of the event by the entity described under subsection (4) of this rule:
 - (a) Maternal hospitalization for infection;
 - (b) Maternal hospitalization requiring blood transfusion;
 - (c) Uterine rupture;
 - (d) Maternal or neonatal death;
 - (e) Neonate admitted to Neonatal Intensive Care Unit within 72 hours (except for observation or anomaly); or
 - (f) Transfer care deemed emergent by the LDM.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.425, ORS 687.480

STATUTES/OTHER IMPLEMENTED: ORS 687.425, ORS 687.480

AMEND: 332-025-0020

RULE TITLE: General Practice Standards

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Clarify practice standards.

RULE TEXT:

- (1) An LDM must include the designation LDM after their name when completing birth certificates.
- (2) In accordance with ORS 687.480 and 687.493, an LDM must maintain equipment and appropriate legend drugs and devices consistent with the information the LDM provides to the client in the patient disclosure form.
- (3) An LDM must adhere to all applicable Centers for Disease Control and Prevention standards.
- (4) An LDM must dispose of pathological waste resulting from the birth process in accordance with the Oregon Health Authority, Public Health Division under OAR 333 Division 56 including incineration of pathological waste.
- (5) An LDM must comply with local government requirements relating to burial on private property.
- (6) Pursuant to ORS 687.480, an LDM must maintain a "patient disclosure form" that provides current and accurate information to prospective clients. An LDM must provide the client with the patient disclosure form. The patient disclosure form must include, but is not limited to:
 - (a) Services provided to birthing person and newborn
 - (b) Types of legend drugs and devices the LDM uses in their practice.
 - (c) Responsibilities of the birthing person and their family.
 - (d) Fees for services including financial arrangements.
 - (e) If the LDM has malpractice coverage or does not have malpractice coverage.
 - (f) A copy of risk assessment criteria as listed in OAR 332-025-0021. Risk criteria may be provided electronically or hard copy.
 - (g) If the LDM has obtained legend drugs and devices training or has not obtained the training.
 - (h) Signature of birthing person and date of signature documenting discussion and receipt of patient disclosure form.
- (7) An LDM must maintain a written plan for emergency transport and must discuss the plan with the birthing person pursuant to ORS 687.480.
- (8) The LDMs records must include the dated signature of the birthing person documenting discussion of emergency transport plan.
- (9) An LDM must maintain complete and accurate records documenting the course of midwifery care as listed under OAR 332-025-0110.
- (10) An LDM must register all births with the Oregon Health Authority, Public Health Division, Center for Health Statistics as provided in ORS Chapter 432 and OAR Chapter 333, Division 011.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.480, ORS 432

STATUTES/OTHER IMPLEMENTED: ORS 687.480, ORS 432

AMEND: 332-025-0022

RULE TITLE: Care Practice Standards

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Clarify standards of care.

RULE TEXT:

- (1) The Office and Board adopt by reference the MANA core competencies dated August 4, 2011. A copy can be obtained from the Office.
- (2) An LDM may:
 - (a) Order and receive laboratory and ultrasound results; and
 - (b) Order and receive fetal surveillance testing and results.
- (3) Care during pregnancy (antepartum) — the LDM must:
 - (a) Provide a mechanism that ensures 24-hour coverage for the midwifery practice; and
 - (b) Begin fetal surveillance testing no later than 41 weeks and 3 days by arranging one or more of the following:
 - (A) Biophysical profile weekly and non-stress test twice weekly;
 - (B) Biophysical profile weekly and auscultated acceleration testing twice weekly;
 - (C) Amniotic fluid index and non-stress test twice weekly; or
 - (D) Amniotic fluid index and auscultated acceleration testing twice weekly.
 - (c) If the birthing person declines, or the LDM is denied access to fetal surveillance testing in subsection (b) of this rule, the LDM must provide auscultated acceleration testing twice weekly beginning 41 weeks and 3 days until delivery. The LDM must use Board-approved practice for auscultated acceleration testing which can be obtained from the Office.
 - (A) If the birthing person declines fetal surveillance, follow OAR 332-025-0022(7).
 - (B) If the LDM is denied access to fetal surveillance testing, the LDM must document the place, date, time, and name of the individual who denied access in the birthing person's records.
- (4) Care During Labor, Birth and Immediately Thereafter (Intrapartum) — the LDM must:
 - (a) During active labor, evaluate the fetal heart rate at least every 30 minutes listening before, during and after contractions or more frequently if indicated;
 - (b) During active pushing auscultate fetal heart tones approximately every 5 to 15 minutes or after every contraction, as indicated; and
 - (c) Before the LDM leaves the LDM must:
 - (A) Deliver the placenta and assess the birthing person's general condition, and assess and address any abnormalities including, but not limited to, blood pressure, pulse, temperature, fundus, lochia, and ability to ambulate and urinate;
 - (B) Assess and address abnormalities in the newborn's general condition including, but not limited to temperature, respirations, heart rate, feeding; and
 - (C) Provide the family with written and verbal postpartum instructions.
- (5) Care After Delivery (Postpartum Care) — The LDM must assess causes of, evaluate and treat problems arising during the postpartum period, consulting as necessary.
- (6) Newborn Care — The LDM must:
 - (a) Adhere to state guidelines for the administration of vitamin K and ophthalmic prophylaxis pursuant to ORS 433.306 and OAR 333-021-0800; and
 - (b) Ensure infant metabolic screening is performed and documented according to the Department of Human Services recommendations unless the mother declines, as provided in ORS Chapter 433 and OAR 333-024-1000 through 333-024-1110.
- (7) Declined Procedure: In the event the birthing person refuses any testing or procedures required by administrative rule or recommended by the LDM, the LDM must document the LDM's discussion with the birthing person of why the test or procedure is required or recommended and document the birthing persons refusal, including obtaining the birthing persons signature in the chart. In addition, the LDM must follow the requirements of ORS Chapter 433 and

OAR 333-024-1000 through 333-024-1110 when the mother declines administration of vitamin K or infant metabolic screening.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.405, ORS 687.480

STATUTES/OTHER IMPLEMENTED: ORS 687.405, ORS 687.480

AMEND: 332-025-0110

RULE TITLE: Records of Care Practice Standards

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Streamline records requirements.

RULE TEXT:

- (1) The LDM must maintain complete and accurate records of each birthing person and newborn.
- (2) Records mean written or electronic documentation, including but not limited to:
 - (a) Midwifery care provided to birthing person and newborn;
 - (b) Demographic information;
 - (c) Medical history;
 - (d) Diagnostic studies and laboratory findings;
 - (e) Emergency transport plan OAR 332-025-0021;
 - (f) Informed consent and risk information documentation under OAR 332-025-0120;
 - (g) Health Insurance Portability and Accountability Act (HIPAA) releases;
 - (h) Documentation of all consultations pursuant to OAR 332-025-0021 (14) through (22) and recommendations regarding indications for consultation from an Oregon licensed health care provider as defined under OAR 332-025-0021(21), or any other provider specifically identified in OAR 332-025-0021;
 - (i) Documentation of any declined procedures (OAR 332-025-0022(7));
 - (j) Documentation of termination of care (OAR 332-025-0130); and
 - (k) Documentation that the birthing person received and signed the patient disclosure form (OAR 332-025-0020(6)).
- (3) Records, including metadata, must be maintained for no less than five years. All records are subject to review by the Office.
- (4) All entries must include the LDM's initials and be legibly written or typed and dated.
- (5) Entries made 48 hours after an event must be identified as an addendum or an amended entry and must include the date and time of entry and the LDM's initials.
- (6) All records must include a signature or initial of the LDM.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.480

STATUTES/OTHER IMPLEMENTED: ORS 687.480

AMEND: 332-026-0000

RULE TITLE: Access to and Administration of Legend Drugs and Devices

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Clarify legend drugs and devices language.

RULE TEXT:

- (1) An LDM is prohibited from purchasing or administering legend drugs and devices, until the continuing education listed in OAR 332-020-0010 has been completed and attestation submitted to the Office upon renewal.
- (2) Pursuant to ORS 687.493, an LDM who completes the continuing education listed in OAR 332-020-0010 is authorized to purchase and administer legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, and 332-026-0030.
- (3) An LDM must comply with all local, state and federal laws and regulations regarding the administration, distribution, storage, transportation and disposal of legend drugs and devices listed in OAR 332-026-0010, 332-026-0020, 332-026-0030.
- (4) Approved legend drugs must be inventoried and securely stored when the product is not in use, including samples or any remaining portion of a drug.
- (5) Records regarding approved legend drugs and devices must be maintained for five years. Records must be kept on the business premises and available for inspection upon request by the Office. Upon request by the Board or Office, an LDM must provide a copy of records. Records must include, but are not limited, to the following:
 - (a) Name of drug, amount received, date of receipt, and drug expiration date;
 - (b) Name of drug and to whom it was administered; date and amount of drug administered to client;
 - (c) Name of drug, date and place or means of disposal.
- (6) Expired, deteriorated or unused legend drugs must be disposed of in a manner that protects the LDM, client and others who may come into contact with the material during disposal.
- (7) An LDM is required to obtain the continuing education for intravenous antibiotics for Group B Streptococcal prophylaxis, however a LDM is not required to administer the antibiotic.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.793

STATUTES/OTHER IMPLEMENTED: ORS 687.793

AMEND: 332-026-0010

RULE TITLE: Approved Legend Drugs For Maternal Use

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Clarify rule language.

RULE TEXT:

An LDM may administer the following legend drugs as approved by the Board for maternal use:

(1) Anti-Hemorrhagics for use by intramuscular injection includes:

(a) Synthetic Oxytocin (Pitocin, Syntocin and generic);

(b) Methylergonovine (Methergine);

(c) Ergonovine (Ergotrate); or

(2) Anti-Hemorrhagics by intravenous infusion is limited to Synthetic Oxytocin (Pitocin, Syntocin, and generic).

(3) Anti-Hemorrhagics for oral administration is limited to:

(a) Methylergonovine (Methergine);

(b) Misoprostol (Cytotec).

(4) Anti-Hemorrhagics for rectal administration is limited to Misoprostol (Cytotec).

(5) Resuscitation is limited to medical oxygen and intravenous fluid replacement.

(6) Intravenous fluid replacement includes:

(a) Lactated Ringers Solution;

(b) 0.9% Saline Solution;

(c) D5LR (5% Dextrose in Lactated Ringers); or

(d) D5W (5% Dextrose in water).

(7) Anaphylactic treatment by subcutaneous injection is limited to Epinephrine.

(8) Local anesthetic includes:

(a) Lidocaine HCl (1% and 2%) (Xylocaine and generic);

(b) Topical anesthetic;

(c) Procaine HCl (Novocain, benzocaine, cetacane and generic); and

(d) Sterile water papules.

(9) Rhesus Sensitivity Prophylaxis is limited to Rho(d) Immune Globulin (RhoGAM, Gamulin Rh, Bay Rho-D and others).

(10) Tissue adhesive (Dermabond or generic).

(11) Intravenous antibiotics for Group B Streptococcal prophylaxis is limited to the following and is only to be used solely for the purpose of Group B Streptococcal prophylaxis:

(a) Penicillin;

(b) Ampicillin;

(c) Cefazolin; or

(d) Clindamycin.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.493

STATUTES/OTHER IMPLEMENTED: ORS 687.493

AMEND: 332-026-0020

RULE TITLE: Approved Legend Drugs For Neonatal Use

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Clarify rule language.

RULE TEXT:

An LDM may administer the following legend drugs as approved by the Board for neonatal use:

- (1) Eye Prophylaxis for disease of the newborn is limited to Erythromycin Ophthalmic (0.5%) Ointment (Ilotycin, AK-Mycin and generics).
- (2) Prophylaxis for hemorrhagic disease of the newborn for oral use is limited to Mephyton.
- (3) Prophylaxis for hemorrhagic disease of the newborn for intramuscular injection includes:
 - (a) AquaMephyton; and
 - (b) Konakion.
- (4) Resuscitation is limited to medical oxygen.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.493

STATUTES/OTHER IMPLEMENTED: ORS 687.493

AMEND: 332-026-0030

RULE TITLE: Approved Devices

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Align with statutory requirements.

RULE TEXT:

An LDM may use the following Board approved devices:

(1) Devices for injection of medications including:

(a) Needles.

(b) Syringes.

(2) Devices for administration of intravenous fluids including:

(a) Drip sets.

(b) Catheters.

(3) Devices for maternal and neonatal resuscitation including:

(a) Suction devices;

(b) Oxygen-delivery devices.

(c) Bag-Valve-Mask-Sets.

(4) Devices for rupturing the amniotic sac.

(5) Devices for repairing the perineal area including:

(a) Sutures;

(b) Instruments for completing a repair.

(c) Local anesthetic administration devices.

STATUTORY/OTHER AUTHORITY: ORS 676.615, ORS 687.493

STATUTES/OTHER IMPLEMENTED: ORS 687.493

AMEND: 332-040-0000

RULE TITLE: Fees

NOTICE FILED DATE: 03/28/2019

RULE SUMMARY: Name change to Health Licensing Office and remove outdated information.

RULE TEXT:

(1) An applicant and licensee are subject to the provisions of OAR 331-010-0010 and 331-010-0020 regarding payment of fees, penalties and charges.

(2) Fees established by the Office pursuant to ORS 676.576 are as follows:

(a) Application:

(A) License: \$150.

(B) License by reciprocity: \$750.

(b) Examination — Oregon laws & rules: \$50.

(c) Original issuance of license: \$800 for one year.

(d) Renewal — License: \$800 for one year.

(e) Reactivation of license: \$150.

(f) Other administrative fees:

(A) Delinquency fee: \$50 for each year the license is inactive for up to three years.

(B) Replacement of license, including name change: \$25.

(C) Duplicate license document: \$25 per copy, with a maximum of three.

(D) Affidavit of licensure for reciprocity: \$50.

(E) An additional \$25 administrative processing fee will be assessed if a non-sufficient funds or non-negotiable instrument is received for payment of fees, penalties and charges. Refer to OAR 331-010-0010.

STATUTORY/OTHER AUTHORITY: ORS 676.576, ORS 676.615

STATUTES/OTHER IMPLEMENTED: ORS 676.576