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## DIVISION 1

## PROCEDURAL RULES

**332-001-0000**
**Notice of Proposed Rule**

Prior to the adoption, amendment, or repeal of any rule, the State Board of Direct Entry Midwifery shall:

(1) Publish notice of the adoption, amendment, or repeal in the Secretary of State's Bulletin referred to in ORS 183.360 at least twenty-one (21) days prior to the effective date.

(2) Mail such notice to persons on the Board of Direct Entry Midwifery's mailing list established pursuant to ORS 183.335(7) at least 28 days before the effective date of the rule.

(3) Mail or deliver such notice to the Associated Press.

(4) Mail such notice to the following persons, organizations, or publications listed according to Board programs, where the Board determines that such persons, organizations, or publications would have an interest in the subject matter of the proposal:

(a) Oregon Midwifery Council;

(b) Oregon Association of Naturopathic Physicians;

(c) Chiropractic Association of Oregon;

(d) Oregon Pediatric Society;

(e) Oregon Medical Association;

(f) Oregon Chapter of the American College of Nurse-Midwives;

(g) Oregon Chapter of the American College of Obstetrics and Gynecologists;

(h) Oregon Public Health Association;

(i) Oregon Academy of Family Physicians;

(j) Oregon Nurses Association;

(k) Oregon Association of Hospitals and Health Systems;

(l) Oregon Primary Care Association;

(m) Health Services Commission;

(n) Board of Pharmacy;

(o) Board of Medical Examiners;

(p) Board of Naturopathy;

(q) Board of Chiropractors; and

(r) Board of Nursing.

Stat. Auth.: ORS 183 ¶ ORS 687.485 & ORS 183.341
Stats. Implemented: ORS 183.341
Hist.: DEM 1-1993, f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-001-0005**
**Model Rules of Procedure**

Pursuant to ORS 183.341, the State Board of Direct Entry Midwifery adopts the Model Rules of Procedures as promulgated by the Attorney General of the State of Oregon under the Administrative Procedures Act as amended and effective October 23, 2001.

Stat. Auth.: ORS 687.485 & ORS 183
Stats. Implemented: ORS 687.485
Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-001-0010**
**Delegation to Health Licensing Office Director**

(1) To ensure continuity in the administration and daily operations of the Board of Direct Entry Midwifery, the Health Licensing Office Director, appointed and delegated authority by the Governor in addition to authority delegated by the Board to act on behalf of the Board as its agent, pursuant to carrying out the duties and functions of the Board as mandated in Oregon Laws 1993, Chapter 362, shall:

(a) Direct the administration and daily operations;

(b) Develop and carry out short and long term agency objectives;

(c) Direct and assure fiscal control over the use of human, equipment and budgetary resources. Hire employees to assist the Administrator in carrying out duties of the Board. Appoint, motivate and provide training, evaluate performance, resolve grievances, initiate promotions and disciplinary actions;

(d) Sign notifications, proposed rules and other documents pertaining to administrative rule adoption, amendment and/or appeal;

(e) Direct and oversee enforcement and regulatory programs of the Board;

(f) Direct and determine budget requests projecting resource needs and implement biennial budget;

(g) Enter into contracts with any state agency, personal or professional service, organization or business as deemed appropriate; and

(h) Generate Board Financial Statement. Provide Board at regularly scheduled meetings with financial statements and reports.

(2) The Health Licensing Office Director authority delegated by the Governor in no way diminishes the Board's policy-making authority in the coordination, review and approval of these activities.

Stat. Auth.: OL, Ch. 362, Sec. 7 & 18
Stats. Implemented: OL, Ch. 362, Sec. 7 & 18
Hist.: DEM 1-1993, f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99

**332-001-0020**
**Agency Representation**

(1) When the Board proposes to refuse to issue or renew a license, or proposes to revoke or suspend a license or place a license on probation, opportunity for hearing shall be accorded as provided in ORS 183.413 to 183.502.

(2) Promulgation of rules, conduct of hearings, issuance of orders and judicial review of rules and orders shall be as provided by ORS 183.310 to 183.480.

(3) Subject to the approval of the Attorney General, an officer or employee of the Health Licensing Office is authorized to appear on behalf of the Board when the Board proposes to deny, suspend or revoke a license or impose a civil penalty.

(4) The agency representative may not make legal argument on behalf of the Board:

(a) "Legal argument" includes arguments on:

(A) The jurisdiction of the Board to hear the contested case;

(B) The constitutionality of a statute or rule or the application of a constitutional requirement to an agency or Board; and

(C) The application of court precedent to the facts of the particular contested case proceeding.

(b) "Legal argument" does not include presentation of evidence, examination and cross-examination of witnesses or presentation of factual arguments or arguments on:

(A) The application of the facts to the statutes or rules directly applicable to the issues in the contested case;

(B) Comparison of prior actions of the agency in handling similar situations;

(C) The literal meaning of the statutes or rules directly applicable to the issues in the contested case; and

(D) The admissibility of evidence or the correctness of procedures being followed.

(5) When an agency officer or employee represents the Board, the presiding officer shall advise such representative of the manner in which objections may be made and matters preserved for appeal. Such advice is of a procedural nature and does not change the application of the law on waiver or the duty to make timely objections. Where such objections involve legal argument, the presiding officer shall provide reasonable opportunity for the agency officer or employee to consult legal counsel and permit such counsel to file written legal argument within a reasonable time after conclusion of the hearing.

Stat. Auth.: OL 1993, Ch. 362 & ORS 183
Stats. Implemented: ORS 183.450(7)
Hist.: DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99

**332-001-0030**
**Document Issuance/Surrender**

(1) If for any reason a person is mistakenly issued a license or if the form contains a material error or is superseded showing additional qualifications, the Agency has the authority to declare the license null and void without further action.

(2) Upon the demand of return of any license issued by the Agency, the individual will surrender the document requested.

(3) Opportunity for a hearing will be provided to the holder of a license, if the document is declared null and void as a result of disciplinary action, and not from material error or due to insufficient funds payment.

Stat. Auth.: ORS 687.450, ORS 687,485 & ORS 183
Stats. Implemented: ORS 687.485
Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-001-0040**
**Hearing Request and Answers; Consequences of Failure to Answer**

(1) A hearing request, and answer when required, shall be made in writing to the Director by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause:

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

Stat. Auth.: ORS 687.485 & ORS 183
Stats. Implemented: ORS 687.485
Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

## DIVISION 15

## GENERAL ADMINISTRATION

**332-015-0000**
**Definitions**

(1) "Agency" means the Health Licensing Office.

(2) "Antepartum" means the period of time before the onset of labor with reference to the mother.

(3) "Birth assistant" means anyone who provides support or hands on aid to the primary birth attendant, or who functions under the supervision of a primary birth attendant, and has been trained in intrapartum emergency skills of direct entry midwifery.

(4) "Board" means the policy-making body known as the State Board of Direct Entry Midwifery.

(5) "Board office" means the Health Licensing Office which administers the State Board of Direct Entry Midwifery.

(6) "Continuing education" means ongoing education or instruction by which midwives shall keep current regarding issues relevant to the provision of maternal, newborn and well women care.

(7) "Director" means the individual, appointed by the Director of the Department of Administrative Services, who directs the daily functions of the Board as defined in ORS 687.470.

(8) "Emergency skills of midwifery" means the provision of vital sign assessment, CPR, infant resuscitation, maternal hemorrhage control, charting, fetal monitoring, treatment of shock, essentials of maternal and infant transport procedures, and the setup of necessary equipment.

(9) "Emergency transport" means the mechanism by which a mother or newborn would be moved to a location where appropriate care could be provided. Such means may include ambulance or private vehicle.

(10) "Employed by" means other than independent contractor relationship and does not require remuneration.

(11) "Equivalent" means substantially comparable but not identical, covering the same subject matter.

(12) "Family planning" means advice, counseling and provision of various contraceptive methods.

(13) "Health Licensing Office" means the agency in which the Board of Direct Entry Midwifery is located for operating purposes.

(14) "Informed choice" means the process of educating health care consumers about all aspects of their care, including risks, benefits, and alternatives, for any procedures, tests, or other care under consideration, in order to enable consumers to make an active choice in shaping their care.

(15) "Intrapartum" means the period of time from the onset of labor through the birth of the baby.

(16) "License" means the document authorizing the holder to use the title Licensed Direct Entry Midwifery.

(17) "Licensed Direct Entry Midwife" means a person who meets the minimum qualifications for licensure under ORS 687.420 and is authorized by the Board to supervise the conduct of labor and childbirth; advise the parent as to the progress of the childbirth; render prenatal, intrapartum and postpartum care, and who meets the qualifications for reimbursement under medical assistance programs according ORS 687.415.

(18) "MANA" means the Midwives Alliance of North America.

(19) "MEAC" means the Midwifery Education and Accrediting Council.

(20) "NARM" means the North American Registry of Midwives.

(21) "Newborn examination" means the assessment of newborn well-being during the first hours of life.

(22) "Official transcript" means an original document certified by a school or educational institution, on a form approved by the Department of Education or regulating authority, delivered from the school to the Board office by mail or courier, which includes:

(a) School and location;

(b) Student's name, address and date of birth;

(c) Enrollment and completion or termination dates;

(d) Hours and types of course work;

(e) Final examination scores;

(f) School seal or stamp;

(g) Signature of authorized school representative or registrar.

(23) "Pathology in childbirth" means the variations which significantly compromise the well-being of mother, fetus, or newborn.

(24) "Client disclosure forms" means the written provision of information to clients which shall include but not be limited to: philosophy of care, practice style, educational background, clinical experience, financial arrangements, malpractice insurance coverage, documentation of informed choice process, and the address of the State Board of Direct Entry Midwifery.

(25) "Peer review" means the discussion of cases with other care providers and students for the purpose of obtaining and providing suggestions regarding care.

(26) "Postpartum" means the period of time after the birth of the baby.

(27) "Practice" means the clinical procedures used in the conduct of direct entry midwifery.

(28) "Prenatal" means the encompassing period of time from conception to the onset of labor.

(29) "Primary birth attendant" means the midwife who assumes direct responsibility for the direct entry midwife/client relationship.

(30) "Re-Activated license" means a previously licensed person, who has not made application for renewal prior to the expiration of the previous license and only if the license holder meets other qualifications for re-licensure as prescribed by the Board.

(31) "Risk assessment" means the analysis of health compromising conditions relevant to pregnancy, birth and the postpartum period based on information gathered through interview, clinical examination and historical data. Risk categories are identified as follows:

(a) "Absolute Risk" means the conditions or clinical situations whereby a client is evaluated to determine obstetrical or neonatal risk, which would preclude being a acceptable candidate for an out of hospital birth.

(b) "Non-Absolute risk" means situations, which sometimes place a client at increased obstetric or neonatal risk, but does not automatically exclude a client from out-of-hospital birth.

(c) "Consultation" means discussion with another health care provider.

(d) "Non-Absolute risk factor consultation" means situations, which require a medical consultation. This consultation shall be with a licensed health care provider with hospital privileges.

(32) "Sharps" means items which includes needles, IV tubing with needles attached, scalpel blades, lancets, glass tubes that could be broken during handling and syringes that have been removed from their original sterile containers.

(33) "Valid license" means a license that has not expired or been suspended or revoked.

Stat. Auth.: ORS 687.485

Stats. Implemented: ORS 183.450(7) & ORS 687.485

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-015-0010**
**Standards for Qualifications for Licensure of Direct Entry Midwives**

The Agency shall review each applicant's qualifications for licensure according to ORS 687.420 to determine whether sufficient knowledge in the practice of direct entry midwifery has been attained. Education consists of three components: theoretical knowledge base, skill instruction, and practical experience that are demonstrable in a clinical setting. Applicants must meet the following criteria:

(1) Education as determined by the Board in accordance with OAR 332-015-0040.

(2) Pursuant to ORS 687.420, participation in 25 assisted deliveries, 25 deliveries for which the midwife was the primary birth attendant, 100 prenatal care visits, 25 newborn examinations, and 40 postnatal examinations. Of these 50 births, at least 25 deliveries must have taken place in an out-of-hospital setting. The applicant must have provided continuity of care for at least ten of the primary birth attendant deliveries, including four prenatal visits, one newborn examination and one postpartum exam.

(3) Current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement.

(4) A written plan for emergency transport; and

(5) Successful passage of Board approved examination(s) as set forth in OAR 332-015-0050.

Stat. Auth.: ORS 183, ORS 687.420 & ORS 687.430

Stats. Implemented: ORS 183, ORS 687.420 & ORS 687.430

Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-015-0030**
**Application for Licensure**

Requirements for licensure consists of the following:

(1) Documentation of education as outlined in OAR 332-015-0040.

(2) Documentation of minimum clinical experiences as outlined in OAR 332-015-0010(2) and 332-015-0040.

(3) Current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation.

(4) Documentation of required education in approved legend drugs and devices as provided in OAR 332-015-0070 if applying for the license endorsement.

(5) Written plan for emergency transport for mother and/or newborn.

(6) Submission of completed and signed application form and other required documentation, which includes the following information:

(a) Applicant's name, address and telephone number;

(b) Applicant's date of birth;

(c) Affidavit of licensure information from all states licensed, if applicable;

(d) Applicant's signature and date of application;

(e) Applicant's Social Security Number;

(f) Any and all previous license and examination information; and

(g) Disclosure of all information pertaining to conviction of any crime.

(7) Satisfactory evidence of passage of the NARM examination, which may include official documentation of a passing score of the Certified Professional Midwife (CPM) examination, or copy of the

applicant's CPM credential issued by the North American Registry of Midwives (NARM). Copies of examination results or other documentation provided by the applicant are subject to NARM verification.

(8) Completion of mandatory Oregon Laws and Rules Questionnaire.

(9) Payment of the application and original license fees.

Stat. Auth.: ORS 687.420 & ORS 687.485
Stats. Implemented: ORS 687.420 & ORS 687.485
Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-015-0040**
**Education**

(1) All applicants must have completed the following minimum core competencies adapted from the 1997 Edition of the Midwives of North America (MANA) and approved by the Board:

(a) **General Knowledge and Skills**: The midwife provides care incorporating certain concepts, skills and knowledge from a variety of health and social sciences, including but not limited to:

(A) Communication, counseling and teaching skills.

(B) Human anatomy and physiology relevant to childbearing.

(C) Community standards of care for women and their developing infants during the childbearing cycle, including midwifery and bio-technical medical standards and the rationale for and limitations of such standards.

(D) Health and social resources within the community.

(E) Significance of and methods for documentation of care through the childbearing cycle.

(F) Informed decision-making.

(G) The principles and appropriate application of clean and aseptic technique and universal precautions.

(H) The selection, use and care of the tools and other equipment employed in the provision of midwifery care.

(I) Human sexuality, including indications of common problems and indications for counseling.

(J) Ethical considerations relevant to reproductive health.

(K) The grieving process.

(L) Knowledge of cultural variations.

(M) Knowledge of common medical terms.

(N) The ability to develop, implement and evaluate an individualized plan for midwifery care.

(O) Woman-centered care, including the relationship between the mother, infant and their larger support community.

(P) Knowledge of various health care modalities as they apply to the childbearing cycle.

(b) **Care During Pregnancy(Antepartum)**: The midwife provides health care, support and information to women throughout pregnancy. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) Identification, evaluation and support of maternal and fetal well-being throughout the process of pregnancy.

(B) Education and counseling for the childbearing cycle.

(C) Preexisting conditions in a woman's health history which are likely to influence her well-being when she becomes pregnant.

(D) Nutritional requirements of pregnant women and methods of nutritional assessment and counseling.

(E) Changes in emotional, psycho-social and sexual variations that may occur during pregnancy.

(F) Environmental and occupational hazards for pregnant women.

(G) Methods of diagnosing pregnancy.

(H) Basic understanding of genetic factors which may indicate the need for counseling, testing or referral.

(I) Basic understanding of the growth and development of the unborn baby.

(J) Indications for, risks and benefits of bio-technical screening methods and diagnostic tests used during pregnancy.

(K) Anatomy, physiology and evaluation of the soft and bony structures of the pelvis.

(L) Palpation skills for evaluation of the fetus and uterus.

(M) The causes, assessment and treatment of the common discomforts of pregnancy.

(N) Identification of, implications of and appropriate treatment for various infections, disease conditions and other problems which may affect pregnancy.

(O) Special needs of the Rh(D)-negative woman.

(c) **Care During Labor, Birth and Immediately Thereafter (Intrapartum)**: The midwife provides health care, support and information to women throughout labor, birth and the hours immediately thereafter. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) The normal processes of labor and birth.

(B) Parameters and methods for evaluating maternal and fetal well-being during labor, birth and immediately thereafter, including relevant historical data.

(C) Assessment of the birthing environment, assuring that it is clean, safe and supportive, and that appropriate equipment and supplies are on hand.

(D) Emotional responses and their impact during labor, birth and immediately thereafter.

(E) Comfort and support measures during labor, birth and immediately thereafter.

(F) Fetal and maternal anatomy and their interactions as relevant to assessing fetal position and the progress of labor.

(G) Techniques to assist and support the spontaneous vaginal birth of the baby and placenta.

(H) Fluid and nutritional requirements during labor, birth and immediately thereafter.

(I) Assessment of and support for maternal rest and sleep as appropriate during the process of labor, birth and immediately thereafter.

(J) Causes of, evaluation of and appropriate treatment for variations which occur during the course of labor, birth and immediately thereafter.

(K) Emergency measures and transport procedures for critical problems arising during labor, birth or immediately thereafter.

(L) Understanding of and appropriate support for the newborn's transition during the first minutes and hours following birth.

(M) Familiarity with current bio-technical interventions and technologies which may be commonly used in a medical setting.

(N) Evaluation and care of the perineum and surrounding tissues.

(d) **Postpartum Care**: The midwife provides health care, support and information to women throughout the postpartum period. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill, which includes but is not limited to the following:

(A) Anatomy and physiology of the mother during the postpartum period.

(B) Lactation support and appropriate breast care including evaluation of, identification of and treatments for problems with nursing.

(C) Parameters and methods for evaluating and promoting maternal well-being during the postpartum period.

(D) Causes of, evaluation of and treatment for maternal discomforts during the postpartum period.

(E) Emotional, psycho-social and sexual variations during the postpartum period.

(F) Maternal nutritional requirements during the postpartum period including methods of nutritional evaluation and counseling.

(G) Causes of, evaluation of and treatments for problems arising during the postpartum period.

(H) Support, information and referral for family planning methods as the individual woman desires.

(e) **Newborn Care**: The entry-level midwife provides health care to the newborn during the postpartum period and support and information to parents regarding newborn care. The midwife determines the need for consultation or referral as appropriate. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) Anatomy, physiology and support of the newborn's adjustment during the first days and weeks of life.

(B) Parameters and methods for evaluating newborn wellness including relevant historical data and gestational age.

(C) Nutritional needs of the newborn.

(D) Community standards and state laws regarding indications for, administration of and the risks and benefits of prophylactic biotechnical treatments and screening tests commonly used during the neonatal period.

(E) Causes of, assessment of, appropriate treatment and emergency measures for newborn problems and abnormalities.

(f) **Professional**, **Legal and Other Aspects**: The entry-level midwife assumes responsibility for practicing in accord with these core competencies. The midwife uses a foundation of knowledge and/or skill which includes the following:

(A) National documents concerning the art and practice of Midwifery.

(B) The principles and practice of data collection as relevant to midwifery care.

(C) Statutes and administrative rules governing the practice of midwifery in the local jurisdiction.

(D) Various sites, styles and modes of practice within the larger midwifery community.

(E) A basic understanding of maternal/child health care delivery systems in the local jurisdiction.

(F) Awareness of the need for midwives to share their knowledge and experience.

(g) **Well-woman Care and Family Planning**: Depending upon education, the entry-level midwife may provide family planning and well-woman care. The practicing midwife may also choose to meet the following core competencies with additional education. In either case, the midwife provides care, support and information to women regarding their overall reproductive health, using a foundation of knowledge and/or skill which includes the following:

(A) Understanding of the normal life cycle of women.

(B) Evaluation of the woman's well-being including relevant historical data.

(C) Causes of, evaluation of and treatments for problems associated with the female reproductive system and breasts.

(D) Information on, provision of or referral for various methods of contraception.

(E) Issues involved in decision-making regarding unwanted pregnancies and resources for counseling and referral.

(2) The education requirements may be satisfied by a combination of the following:

(a) Self study, including attending workshops, studying textbooks, reviewing video and audio tapes;

(b) Completion of education programs, including seminars, lectures, or classes;

(c) Participation in birth experiences as evidenced by letters from primary birth attendant and supported by delivery summaries, statistical data forms and/or prenatal summaries, and/or client provided documentation of such participation. If a client provides information a client consent for disclosure of medical records should be included. In the alternative, client-identifying information should be removed from the records.

(3) In the alternative to (2) above, education requirements may be met by satisfactory completion of certain midwifery education programs plus additional clinical experience, or by programs, which include clinical experience. Those applicants who have been awarded a NARM CPM credential or a certificate of completion or diploma from a MEAC accredited or pre-accredited program will satisfy Board education requirements as long as they meet the standards of OAR 332-015-0010(2).

**NOTE**: A list of approved education programs is on file and available for review at the board office.

[ED. NOTE: Tables referenced in this rule are available from the agency.]

Stat. Auth.: ORS 183, ORS 687.420, 687.480 & ORS 687.485

Stats. Implemented: ORS 183, ORS 687.420, ORS 687.480 & 687.485

Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-015-0050**
**NARM Midwifery Examination**

The Board has selected the Certified Professional Midwifery examination administered by the North American Registry of Midwives (NARM) as its qualifying examination. Individual applicants are responsible for payment of all NARM application, examination, national certification or other fees directly to NARM.

(1) Applicants who meet the education and/or training requirements and achieve a passing score on the examination must request certification of the passing score be sent from the North American Registry of Midwives to the Board office as a prerequisite to application.

(2) Testing schedules and other information about the examination may be obtained from the Board office.

Stat. Auth.: OL 1993, Ch. 362, Sec. 7

Stats. Implemented: OL 1993, Ch. 362, Sec. 7

Hist.: DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98

**332-015-0060**
**Application for Licensure Based on Equivalency**

(1) An applicant who is currently licensed to practice direct entry midwifery in another state or who has been licensed within the past three years and who has not had a license suspended or revoked is eligible for licensure by equivalency.

(2) The requirements for licensure by equivalency are as follows:

(a) A completed application form and required documentation listed in OAR 332-015-0030(2), (6)(a) through (g), and (7);

(b) In lieu of documentation listed in OAR 332-015-0030(7), evidence satisfactory to the Board that applicant has passed another state sponsored exam which the Board finds to be the equivalent of the NARM exam;

(c) Affidavit of Licensure from another state. An original signed and sealed or stamped form issued upon the request of an applicant licensed in another state and mailed directly to the Board office by the state;

(d) Current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation;

(e) Documentation of required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement;

(f) A written plan for emergency transport;

(g) Completion of mandatory Oregon Laws and Rules Questionnaire; and

(h) Payment of the application and original license fees.

Stat. Auth.: ORS 183, ORS 687.420, ORS 687.430 & ORS 687.485

Stats. Implemented: ORS 183, ORS 687.420, ORS 687.430 & ORS 687.485

Hist.: DEM 1-1998, f. 2-27-98, cert. ef. 3-1-98; 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

**332-015-0065**
**License Endorsement**

(1) A licensed midwife must complete the Board prescribed education requirements in OAR 332-015-0070 to be issued a license endorsement that authorizes access to and administration of legend drugs and devices.

(2) As of April 1, 2004 all Direct Entry Midwives who have not previously completed the Board prescribed education requirements in OAR 332-015-0070 must complete the education as a condition of initial licensure or license renewal.

Stat. Auth.: ORS 183, ORS 687.485 & ORS 687.493

Stats. Implemented: ORS 183, ORS 687.485 & ORS 687.493

Hist.: 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

**332-015-0070**
**Approved Legend Drugs and Devices Prescribed Education**

To be granted a license endorsement authorizing access to use and administer legend drugs and devices an applicant or licensee must successfully complete the Basic Program Curriculum consisting of 40 clock hours of instruction in the approved curriculum. Each licensed midwife shall also complete the Renewal Program every two years, consisting of twelve and one-half (12.5) clock hours of

continuing education. The Basic Program and the Renewal Program must be taught by an MEAC accredited or pre-accredited school, the Oregon Midwifery Council or by an organization authorized by the Board to provide continuing education. A list of approved sources of instruction shall be available in the Board office. Both the Basic Program and the Renewal Program are comprised of theory, hands on practice and skills testing for competency.

(1) The Basic Program consists of:

(a) EIGHT CLOCK HOURS in Pharmacology covering drugs listed in OAR 332-025-0040 and 332-025-0050;

(A) Mechanism of Pharmacological Action;

(B) Indications;

(C) Therapeutic Effects;

(D) Side Effects/Adverse Reactions;

(E) Contraindications; and

(F) Incompatibilities/Drug Interactions; and

(G) Drug administration including:

(i) Dosage;

(ii) Dosage Form and Packaging;

(iii) Routes of Administration;

(iv) Onset of Action;

(v) Peak Effect; and

(vi) Duration of Action.

(H) Storage and Security.

(b) TWO CLOCK HOURS of administration of medications through injection which includes:

(A) Universal precautions including the use and disposal of sharps;

(B) Equipment including:

(i) Needles;

(ii) Filter Needles (for use with glass ampules);

(iii) Syringes;

(iv) Skin surface disinfectants; and

(v) Medication containers (ampules, multi- and single-use vials).

(C) Appropriate injection sites;

(D) Procedures for drawing up and administering drugs;

(E) Special case: Administration of Medications Intravenously; and

(F) Care of equipment.

(c) SIXTEEN CLOCK HOURS in treatment of shock, which includes:

(A) Theory of shock;

(B) Non-invasive treatment of shock;

(C) Intravenous fluid therapy;

(D) Purpose of IV fluid therapy;

(E) Equipment;

(F) Appropriate sites;

(G) Procedure;

(H) Rate of administration; and

(I) Care of equipment.

(d) SIX CLOCK HOURS in Maternal and neonatal resuscitation including:

(A) Basic life support techniques;

(B) Cardio-Pulmonary Resuscitation (CPR);

(C) Use of oxygen; and

(D) Positive pressure ventilation (bag, valve, mask).

(e) EIGHT CLOCK HOURS in suturing including:

(A) Assessing the degree of damage for repair;

(B) Use of local anesthetic;

(C) Equipment including:

(i) Suture;

(ii) Needles; and

(iii) Instruments.

(D) Use of needle holder and working with curved needle;

(E) Knot tying (Instrument knot);

(F) Basic stitching techniques including:

(i) Interrupted;

(ii) Basting;

(iii) Lock Blanket; and

(iv) Running mattress.

(G) Repairing the simple first-degree tear; and

(H) Repairing a second-degree tear.

(2) The Renewal Program consists of 12.5 clock hours drawn from the subjects covered in the Basic Program.

(3) The requirements in subsection (1) must be completed within the two years immediately before the date of application for licensed endorsement in legend drugs and devices.

(4) Continued authority for licensed direct entry midwives to access and administer legend drugs and devices is contingent upon meeting continuing education requirements as a condition of license renewal. Refer to OAR 332-020-0010.

(5) A copy of Board approved curriculum objectives will be retained on file at the Board office and made available upon receipt of a written request and payment of an administrative fee for acquiring public records. Refer to OAR 332-025-0010.

Stat. Auth.: ORS 183, ORS 687.485 & ORS 687.493
Stats. Implemented: ORS 183, ORS 687.485 & ORS 687.493
Hist.: 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

## DIVISION 20

## LICENSURE

### 332-020-0000
### Licenses

(1) A license shall be issued to individuals upon compliance with all qualifications and requirements. The date of issuance shall be the date all requirements are met. A license shall be issued for a one-year period, and will expire on the last day of the month one-year from date of issuance, unless otherwise notified of a variance as stated in subsection (10) of this rule.

(2) The Agency may mail a notice of renewal to the last known address of the license holder.

(3) Application for renewal shall be made in advance of the license expiration date and shall be accompanied by payment of license fee, proof of continuing education and peer review as required in OAR 332-020-0010 and 332-025-0020(2), proof of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and proof of required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement.

(4) The renewed license is effective as of the expiration date of the prior license. Any license that is not renewed shall automatically revert to inactive status.

(5) Direct entry midwives who renew within three years from date of expiration may be granted a reactivated license upon reapplication, payment of application and license fee, submission of continuing education and peer review as required in OAR 332-020-0010 and 332-025-0020(2), and proof of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and proof of required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement.

(6) Direct entry midwives who have not been engaged in active practice and fail to renew within three years following the date of expiration, may be granted a reactivated license upon:

(a) Reapplication and payment of application, examination and license fees;

(b) Submission of proof of having obtained continuing education and peer review as required per OAR 332-020-0010 and 332-025-0050(2);

(c) Successful passage of a written examination approved by the Board; and

(d) Submission of proof of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and proof of required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement.

(7) An applicant who was previously licensed in Oregon and who has been engaged in the active practice of direct entry midwifery

in another state or territory during the last three years preceding reapplication for Oregon licensure will not be required to pass the written examination for reactivation according ORS 687.425, provided the following documentation and fees are submitted:

(a) Application form;

(b) Application and license fees;

(c) Verification of active practice of direct entry midwifery through submission of tax records, client letters, or participation in peer review. Documentation must substantiate practice with an average of five (5) clients per year with a minimum of 15 clients in a three-year period;

(d) Submission of proof of having obtained continuing education and peer review as required in OAR 332-020-0010 and 332-025-0020(2); and

(e) Proof of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and proof of required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement.

(8) Up to one year from the date of the denial of issuance or renewal, or the date of the order of suspension a direct entry midwife may be restored to active license status upon:

(a) Application and payment of application and license fee if expired during suspended status and not reactivated following cessation of suspended status;

(b) Submission of proof of having obtained continuing education and peer review as required by OAR 332-020-0010 and 332-025-0020(2);

(c) Proof of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and proof of required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement;

(d) Has met corrective action as prescribed by the Agency in consultation with the Board; and

(e) If applicable, paid all fines assessed by the Agency.

(9) A direct entry midwife whose license has been revoked may be relicensed upon;

(a) Application and payment of application, examination and license fees;

(b) Successful passage of a Board prescribed written examination;

(c) Submission of proof of having obtained continuing education and peer review as required per OAR 332-020-0010 and 332-025-0020(2);

(d) Proof of current certification in cardiopulmonary resuscitation for adults and newborns, which includes newborn bag and mask ventilation, and proof of required education in approved legend drugs and devices as provided in OAR 332-015-0070 to qualify for the license endorsement.

(e) Has met corrective action as prescribed by the Agency in consultation with the Board; and

(f) If applicable, paid all fines assessed by the Agency.

(10) Notwithstanding subsection (1) of this rule, the Agency may vary the renewal date of a license and required hours of continuing education by giving the applicant written notice of the renewal date being assigned and by making prorated adjustments to the renewal fee and continuing education requirements.

(11) Self-attestation of continuing education: Applicants for license renewal must submit the completed renewal form, with their signature affixed as attestation to completion of require continuing education hours. Documentation of continuing education hours earned must be provided to the Agency only when selected for audit. Refer to OAR 332-020-0015.

Stat. Auth.: ORS 183, ORS 687.420, ORS 687.425, ORS 687.450, ORS 687.485 & ORS 687.493

Stats. Implemented: ORS 183, ORS 687.420, ORS 687.425, 687.450, ORS 687.485 & ORS 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

**332-020-0010**
**Continuing Education**

(1) **Hourly Requirements**: To qualify for license renewal a direct entry midwife must complete approved continuing education every two years from the date of initial licensure or as specified for issuance and renewal of the license with endorsement for administration and use of legend drugs and devices. The number of required hours are as follows:

(a) Thirty (30) clock hours pertaining to scope of practice issues, standards of midwifery care, the law and rules regulating the practice of direct entry midwifery, science, health care professional concerns such as infection control or medical emergencies, ethics, and business practices;

**NOTE**: Infection control, as used in this rule section, includes but is not limited to appropriate protocols for labeling, handling and disposing of biohazard products, including sharps and medical waste; exposure to bloodborne pathogens and prevention of cross-contamination through appropriate sterilization, disinfection, hand-washing and gloving standards, and correct disposal of articles/items in contact with blood and/or bodily fluids.

(b) Twelve and one half (12.5) clock hours pertaining to Board approved legend drugs and devices as referenced in OAR 332-025-0040, 332-025-0050, and 332-025-0060, which includes current information on approved drugs, administration procedures, treatment of shock including IV therapy, maternal and neonatal resuscitation and suturing. Education must consist of theory, hands on practice, and skills testing for competency assurance.

**NOTE**: The twelve and one half (12.5) clock hours of continuing education listed in subsection (1)(b) of this rule applies after completion of the initial approved 40 course hours for license endorsement to administer and use legend drugs and devices. Refer to OAR 332-020-0000(10).

(2) **Continuing Education Providers/Sponsors**: Continuing education includes attendance or participation at an instructional program presented, recognized, or under the auspices of any Board approved permanently organized institution or professional organization or association:

(3) **Continuing Education Pathways**:

(a) Attendance at lectures, post-secondary school or postgraduate courses, scientific sessions at conventions, courses offered by an approved association or licensed/accredited school, classes or courses offered through an institution such as the American Red Cross, hospitals, health care clinics, correspondence courses or internet courses. Continuing education relating to subject matter listed in subsection (1)(a) of this rule may be also be obtained through research or teaching (provided that no more than half the required hours be in teaching).

(b) Up to six-clock hours of continuing education relating to subject matter listed in subsection (1)(a) of this rule may be completed through self-study and documented on forms provided by the Agency.

(4) **Documentation Requirements**: Submission to the Agency of proof of participation in continuing education is the responsibility of the direct entry midwife. The following provisions specify requirements for documenting completion of continuing education:

(a) Documentation shall include the name of the sponsoring institution, association or organization, title of presentation, description of content, name of instructor or presenter, date, duration in hours, and license or statement of attendance or completion provided by the sponsor.

(b) Documentation verifying completion of all required continuing education shall be accumulated and held by the direct entry midwife for two years following any reporting period, or until notification of audit is received. Continuing education documentation must be available and provided to the Agency upon request. Refer to OAR 332-020-0015.

(4) **Additional Requirements and Provisions**: In addition to other requirements specified in this rule section, the following provisions apply toward meeting continuing education requirements as a condition of license renewal:

(a) A midwife who has attended fewer than five births in the previous year shall be required to take an additional 10 hours of continuing education specific to basic midwifery practice outlined in subsection (1)(a) of this rule.

(b) Licensees failing to obtain the prescribed number of clock hours and/or complete appropriate continuing education content must reapply and meet requirements listed in OAR 332-015-0030.

(c) Hours of continuing education that are obtained in "excess" of the minimum requirements listed in subsection (1)(a) and (b) of this rule will not be carried forward as credit for the subsequent license renewal reporting cycle.

(d) Continuing education is required for renewal even if the direct entry midwife license has been inactive during that period.

Stat. Auth.: ORS 183, ORS 687.425 & ORS 687.485
Stats. Implemented: ORS 183, ORS 687.425 ORS 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

**332-020-0015**
**Random Audit**

(1) The Agency will initiate a random audit of licensee continuing education records, after the end of the reporting period, to determine compliance (with continuing education requirements). All licensees selected for audit must provide documentation satisfactory to the Agency as listed in OAR 332-020-0010(3)(a).

(2) Misrepresentation of compliance with continuing education requirements will constitute grounds for disciplinary action.

Stat. Auth.: ORS 183, ORS 687.425 & ORS 687.485
Stats. Implemented: ORS 183, ORS 687.425 & ORS 687.485
Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-020-0020**
**Fees; Refunds**

(1) Fees established by the Board and approved by the Department of Administrative Services are as follows:

(a) Application fee: $100;
(b) Initial license: $2,000;
(c) Annual renewal of license: $2,000;
(d) Written examination (Board administered): $500;
(e) Late renewal fee: $50;
(f) Duplicate license: $25;
(g) Reciprocity fee: $500;
(h) License reactivation: $500.

(i) In the event a NSF check is received for payment of fees, an additional $25 administrative processing fee will be assessed.

(2) Payment of fees to the Board must be made for the exact amount due. Fees are non-refundable.

(3) Transactions submitted to the Board where either the payment or required documentation is incomplete or incorrect shall be returned to the payor for correction before being processed by the Board.

(4) Fees will be applied as directed by the payor. Fees misapplied may be corrected by written request specifying the license number(s) affected and the action requested, subject to conditions set forth in subsection (6) of this rule.

(5) Fees paid to the Board are not transferable between licenses or from person-to-person.

(6) The Board shall not refund fees, civil penalties or other moneys overpaid by an amount of $10 or less unless such refund is requested in writing by the payor within three years after the date of the overpayment.

(7) Payments made by a licensee or applicant without explanation or as an overpayment shall be applied to any outstanding balance owed by licensee or applicant.

Stat. Auth.: OL 1993, Ch. 362, Sec. 3; OL 1997, Ch. 690, Sec. 4 & OL 1999, Ch. 990, Sec. 4.
Stats. Implemented: 676.230 (Temp)
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-1997(Temp), f. 7-22-97, cert. ef. 7-23-97; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99

## DIVISION 25

## PRACTICE

**332-025-0000**
**Filing Changes in Business Related Information**

Licensed Direct Entry Midwives shall notify the Board office within 30 calendar days, in writing, of any changes as follows:

(1) Business name, address, or location.
(2) Mailing address.
(3) Business telephone number and business hours.
(4) Licensure status, whether from active to inactive practice or from inactive to active practice.

Stat. Auth.: OL 1993. Ch. 362. Sec. 7
Stats. Implemented:
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94

**332-025-0010**
**Information Request**

(1) The Board will provide the following information in response to telephone requests:

(a) The name and license number of a midwife and an indication as to whether the midwife's license is active or expired; or

(b) Any information as to the assumed business name, the location, and the telephone number of a midwife.

(2) A request for any information other than that listed in section (1) of this rule must be in writing.

(3) The Board shall charge a fee for copies of its records. Fees charged shall not exceed the actual costs of locating, compiling, making available for inspection, preparing copy in paper, audio, microfilm or machine readable format, and delivering public records. All fees assessed shall be paid before public records are made available. Estimates for processing requests for public records will be given when requested.

(4) Persons wishing to obtain copies of the following records may learn the charge for them by contacting the Board office:

(a) A list of names, addressees, and place of business for all midwives and licenses currently held with the Board;
(b) A list of all active midwives;
(c) One or more photocopies of any Board document or portion thereof;
(d) Copies of examination packets and materials;
(e) Informational packets and/or materials;
(f) Copies of the administrative rules and/or statute.

Stat. Auth.: OL 1993, Ch. 362, Sec. 7
Stats. Implemented:
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94

**332-025-0020**
**Practice Standards**

Pursuant to ORS 687.480, licensed direct entry midwives shall be guided by the following practice standards when supervising the conduct of labor and childbirth; advising the parent; and, in rendering prenatal, intrapartum and postpartum care.

(1) To facilitate the cooperation of collection and reporting data on births in accordance with ORS 687.480 and 687.495, a licensed direct entry midwife shall include the designation L.D.M. after their name when completing birth certificates; and

(2) As a condition of license renewal, licensed direct entry midwives shall participate in peer review meetings in their regions or in conjunction with professional organization meeting(s) which shall include, but not be limited to the discussion of cases, and obtaining feedback and suggestions regarding care. Documentation shall be made on forms approved by the Board. Licensees shall participate in peer review according to the following schedule:

(a) Once per year if the licensee performed as the primary birth attendant at less than 40 births during the license year; or

(b) Twice per year if the licensee performed as the primary birth attendant at more than 40 births during the license year.

(3) A general explanation of the midwife's emergency transport plan shall be included in the client disclosure form to be given to the client. It shall include but not be limited to destination of transport;

mode of transport; and provision for delivery equipment to be carried in the vehicle.

(4) Licensed direct entry midwives shall maintain equipment necessary to assess maternal, fetal and newborn well being; to maintain aseptic technique; to respond to emergencies requiring immediate attention; and to resuscitate mother and newborn when attending an out-of-hospital birth. In accordance with ORS 687.480(4) and 687.493(2), the Board recommends the following equipment as a guideline for licensed direct entry midwives;

(a) Anti-Hemorrhagic agents;
(b) Antiseptic scrub;
(c) Birth certificates;
(d) Blood pressure cuff;
(e) Bulb syringe;
(f) Equipment for amniotomy;
(g) Equipment for administering injections;
(h) Flashlight or lantern and batteries;
(i) Heat source for newborn resuscitation;
(j) Infant and adult resuscitation equipment;
(k) Infant suction catheter with mucus trap;
(l) Labor, delivery postpartal and statistics records forms.
(m) Nitrazine paper;
(n) Scales and measuring tape;
(o) Sealable plastic containers for blood and bodily fluids;
(p) Sharps and rigid sealable containers;
(q) Sterile and non-sterile exam gloves;
(r) Stethoscope and fetascope;
(s) Thermometer;
(t) Three hemostats;
(u) Umbilical cord occlusion devices;
(v) Urine dipsticks;
(w) Venipuncture equipment;
(x) Equipment for administering intravenous fluids; and
(y) Approved legend drugs/medications and devices listed in OAR 332-025-0040, 332-025-0050 and 332-025-0060.

(5) Licensed direct entry midwives shall ensure that mandatory services for newborns are provided in accordance with the provisions of OAR 333-019-0265, 333-019-0390, 333-021-0800, and 333-024-0205 through 0235.

(6) Licensed direct entry midwives who satisfactorily complete the Board approved education are authorized by license endorsement for access to and administration of legend drugs and devices, including items used for perineal and labial repair, amnihooks, and infant suction catheter with mucus trap in the performance of services in accordance with ORS 687.405(3) and 687.493(2).

(7) Licensed direct entry midwives shall dispose of pathological waste resulting from the birth process in accordance with Oregon State Health Division provisions:

(a) Incineration, provided the waste is properly containerized at the point of generation and transported without compaction to the site of incineration; or

(b) Burial on private property if burial of human remains on such property is not prohibited or regulated by a local government unit at the designated site. Such burials shall be made in accordance with the provisions of the local government unit; the Oregon State Health Division requirements as set forth in OAR chapter 333, division 61; and ORS 432.307.

(8) Licensed direct entry midwives shall dispose of biological waste materials which come into contact with blood and/or body fluids in a sealable plastic bag (separate from sealable trash or garbage liners) or in a manner that protects the licensee and the client and others who may come into contact with the material during disposal. Biological wastes may also be incinerated or autoclaved in equipment dedicated to treatment of infectious wastes.

(9) Licensed direct entry midwives shall dispose of sharps which come into contact with blood or bodily fluids in a sealable rigid (puncture proof) container that is strong enough to protect the licensee and the client and others from accidental cuts or puncture wounds during the disposal process.

(10) Sharps shall be placed into appropriate containers at the point of generation and may be transported without compaction to a landfill having an area designed for sharps burial or transported to an appropriate health care facility equipped to handle sharps disposal, provided the lid of the container is tightly closed or taped to prevent the loss of content and the container is appropriately labeled.

(11) Licensees shall maintain client disclosure records providing accurate information to prospective clients on services rendered. Documentation shall include but not be limited to:

(a) Clinical experience;
(b) Services provided to clients;
(c) Type of emergency medications used in situations requiring immediate attention;
(d) Responsibilities of the mother and her family;
(e) Fees for services including financial arrangements;
(f) Malpractice coverage; and
(g) Emergency transport plan, which includes:
(A) Place of transport;
(B) Mode of transport;
(C) Provisions for back-up physician and hospital including location and telephone numbers; and
(D) Availability of private vehicle or ambulance including emergency delivery equipment carried in the vehicle.

Stat. Auth.: ORS 183, ORS 687.480 & ORS 687.485
Stats. Implemented: ORS 183, ORS 687.480 & ORS 687.485
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-025-0021**
**Risk Assessment Criteria**

Licensed direct entry midwives shall assess the appropriateness of an out-of-hospital birth for each client, taking into account the health and condition of the mother and fetus or baby according to the following two categories of risk assessment criteria in determining appropriate care:

(1) "Absolute risk" as defined in OAR 332-015-0000(31)(a) and indicators referenced in the following subsections, means that clients presenting these conditions or clinical situations are felt to be at extreme obstetrical or neonatal risk. These clients are not considered appropriate candidates for out-of-hospital birth. Clients must plan for an in-hospital birth if risk factors are present in the antepartum, intrapartum or postpartum periods. If a risk factor first develops when birth is imminent, the individual midwife must use judgment taking into account the health and condition of the mother and baby to determine which is most safe for mother and baby.

(a) **ANTEPARTUM ABSOLUTE RISK CRITERIA**: active cancer; cardiac disease; severe renal disease – active or chronic; severe liver disease – active or chronic; uncontrolled hyperthyroidism; chronic obstructive pulmonary disease; essential chronic hypertension over 140/90; pre-eclampsia/eclampsia; acute or chronic thrombophlebitis; current ITP; current substance abuse known to cause adverse effects; incomplete spontaneous abortion; hemoglobin under 9 at term; labor or PROM prior to 36 weeks; abruption placenta; placenta previa at onset of labor; persistent severe abnormal quantity of amniotic fluid; blood coagulation defect; documented IUGR; amnionitis; ectopic pregnancy; pregnancy lasting longer than 43 weeks gestation (21 days past the due date); pregnancy lasting longer than 42 weeks (14 days past the due date) with an abnormal non-stress test; any pregnancy with abnormal fetal surveillance tests; rupture of membranes for greater than 72 hours before the onset of labor with chorioamnionitis; primary herpes infection at the onset of labor and secondary herpes that cannot be covered at the onset of labor; babies at significant risk for shoulder dystocia; and HIV positive status with AIDS.

(b) **INTRAPARTUM ABSOLUTE RISK CRITERIA**: suspected uterine rupture; active herpes lesion in an unprotectable area; prolapsed cord or cord presentation; abnormal bleeding; persistent fever of 101 degrees Fahrenheit (38 degrees Centigrade) or above, taken orally; pre-eclampsia/eclampsia; amniotic fluid with thick or moderate/thick meconium and birth not imminent; evidence of fetal distress or abnormal fetal heart rate pattern unresponsive to treatment

or inability to auscultate fetal heart tones; excessive vomiting, dehydration, acidosis or exhaustion unresponsive to treatment; blood pressure greater than or equal to 150/100 which persist or rises, and birth is not imminent; failure to progress in active phase of labor with presence of strong contractions; failure to descend within the expected time during active pushing, generally 2 hours for primip and 1 hour for multip; current substance abuse.

(c) **POSTPARTUM ABSOLUTE RISK CRITERIA**: retained placenta with bleeding; retained placenta with suspected placenta accreta; retained placenta greater than 3 hours; retained placenta greater than 30 minutes with abnormal or significant bleeding; laceration requiring hospital repair; uncontrolled postpartum bleeding; increasingly painful or enlarging hematoma; development of preeclampsia; and signs or symptoms of shock unresponsive to treatment.

(d) **INFANT ABSOLUTE RISK CRITERIA**: Apgar less than 7 at 10 minutes of age; respiration rate greater than 80 in the first 2 hours postpartum, and greater than 60 thereafter, accompanied by any of the following lasting more than one hour without improvement: nasal flaring, grunting, or retraction; cardiac irregularities, heart rate less than 80 or greater than 160 (at rest), or any other abnormal or questionable cardiac findings; seizures; temperature less than 97 degrees Fahrenheit (36.1 degrees Centigrade) or greater than 100.7 degrees Fahrenheit (38.2 degrees Centigrade) when taken rectally or any other evidence of infectious process; apnea; central cyanosis; large or distended abdomen; any infant which has required intubation; any infant where meconium has been visualized at the level of the cords; any condition requiring more than 12 hours of observation postbirth; gestational age under 36 weeks; persistent poor suck, hypotonia or a weak or high pitched cry; persistent projectile vomiting or emesis of fresh blood; any infant with active AIDS; and signs and symptoms of infection in the newborn.

(2) "Non-absolute" risk as defined in OAR 332-015-0000 (31)(b) and indicators referenced in the following subsections, includes situations that sometimes place a client at increased obstetric or neonatal risk. Some of the factors to consider regarding these non-absolute criteria would include the specific midwife's experience and expertise, the particular birth setting, and the ease and time involved in accessing emergency transport/back-up systems. In order to allow for the individualization of these situations, the non-absolute risk criteria do not automatically exclude a client from out-of-hospital birth. Instead, they require careful consideration and consultation. This consultation shall be with a licensed health care provider with hospital privileges and may be conducted by telephone depending on the clinical and geographical situation. Consultation shall be documented in the client records as well as documentation of written client informed choice.

(a) **ANTEPARTUM NON-ABSOLUTE RISK CRITERIA**: conditions requiring on-going medical supervision or on-going use of medications; significant glucose intolerance; deep conization of cervix; inappropriate fetal size for gestation; significant 2nd or 3rd trimester bleeding; abnormal fetal cardiac rate or rhythm, or decrease of movement; uterine anomaly; anemia (hematocrit less than 30 or hemoglobin less than 10 at term; seizure disorder requiring prescriptive medication; platelet count less than 75,000; previous uterine incision other than low transverse cesarean and/or myomectomy with review of surgical records and/or subsequent birth history; Isoimmunization to blood factors; psychotic disorders; history of thrombophlebitis; and hemoglobinopathies; multiple gestation;

(b) **INTRAPARTUM NON-ABSOLUTE RISK CRITERIA**: no prenatal care or unavailable records; maternal exhaustion unresponsive to treatment; history of substance abuse during this pregnancy; or malpresentation at the onset of labor.

(c) **POSTPARTUM NON-ABSOLUTE RISK CRITERIA**: infectious process; any condition requiring more than 12 hours of postpartum observation; and 36-37 week gestation.

(d) **INFANT NON-ABSOLUTE RISK CRITERIA**: Apgar less than 7 at 5 minutes without improvement; weight less than 2270 grams (5 lbs.); jitteriness; failure to void within 24 hours or stool within 48 hours from birth; maternal substance abuse identified intrapartum or postpartum; excessive pallor, ruddiness, or jaundice at birth; any generalized rash at birth; birth injury such as facial or brachial palsy, suspected fracture or severe bruising; baby with signs and symptoms of hypoglycemia; weight decrease in excess of 10% of birth weight; maternal-infant interaction problems; direct Coomb's positive cord blood; infant born to HIV positive mother; and major congenital anomaly.

Stat.: ORS 183, ORS 687.480 & ORS 687.485
Stats. Implemented: ORS 183, ORS 687.480 & ORS 687.485
Hist.: Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-025-0022**
**Standards of Care**

Standards of care for the determination of initial visits, laboratory tests, prenatal visits, education/counseling/anticipatory guidance, emergency access, intrapartum care, postpartum care, and newborn care include:

(1) **INITIAL VISITS**: In the first prenatal visits, the following history shall include but not be limited to: health, reproductive, family, social and current pregnancy. The primary care giver will evaluate nutritional status, height, weight and blood pressure, uterine size relative to gestational age, urinary analysis, and evaluation of the breast for nursing.

(2) **LABORATORY TESTS**: Licensed direct entry midwives shall document the following test results in the client's records: CBC; minor blood factor antibody screen; STD and syphilis screening; Hepatitis B surface antigen; blood group and Rh type; rubella titer; and Pap Smear if indicated.

(3) **PRENATAL VISITS**: The following schedule of prenatal visits is recommended: every four weeks for the first 32 weeks, every two to three weeks until 36 weeks, and weekly thereafter. Each visit must include the interval history and physical examination, including blood pressure, weight, fundal height, fetal presentation, fetal heart rate, evaluation of urine for protein and glucose with a dip stick, and the mother's assessment of fetal activity. The midwife must continuously evaluate the pregnancy for risks taking into consideration information derived from physical examination, laboratory tests, maternal complaints, and the overall physical and emotional well being of the mother. The family must be kept informed of these risks. The home visit must include assessment of the birthing environment and must be done prior to the labor including access of telephone.

(4) **ASSESSMENT OF FETAL WELL-BEING**: At 42 weeks, midwives shall conduct one of the following tests:

(a) Amniotic fluid index and a non-stress test followed in 3 or 4 days with a repeat non-stress test;

(b) Bio-physical profile; or

(c) Accelerated auscultation test.

(5) **EDUCATION/COUNSELING/ANTICIPATORY GUIDANCE**: The midwife must offer information or referral to community resources on childbirth preparation, breast feeding, exercise and nutrition, parenting, and care of the newborn. Using the informed choice process, birth attendants must inform pregnant women and their families about available obstetric and pediatric tests and procedures, such as: triple screening, chorionic villi sampling, amniocentesis, prenatal Rho immune globulin, ultrasound, human immunodeficiency virus (HIV) counseling and testing, newborn metabolic screening, eye prophylaxis, herpes testing and treatment, neonatal vitamin K and circumcision. The midwife shall counsel the parents regarding current Centers for Disease Control (CDC) and American College of Obstetrics and Gynecology (ACOG) protocols regarding Group B Strep testing. Together they will select a protocol and the midwife will follow the chosen guidelines must the membranes rupture prior to the onset of labor.

**NOTE**: CDC source Prevention of Perinatal Group B Streptococcal Diseases: A Public Health Perspective, Morbidity and Mortality Weekly Report, May 31, 1996, Volume 45, Recommendations and Reports 7; ACOG source Volume 80, Number 6, December 1992.

(6) **EMERGENCY ACCESS**: Each licensed direct entry midwife shall provide a mechanism that ensures twenty-four hour coverage for the practice.

(7) **INTRAPARTUM CARE**:

(a) **Assessment during labor**: The following parameters shall be included as part of the initial assessment of a laboring woman and her baby as indicated: maternal temperature, blood pressure, pulse, frequency, duration and intensity of uterine contractions, and the physical and emotional environment. Fetal well-being shall also be assessed which includes fetal lie, position, and presentation, fetal movement, heart rate before, during and after uterine contractions, fetal scalp color as appropriate, and if relevant, the color, odor and clarity of amniotic fluid.

(b) Fetal heart tones shall be evaluated as soon as possible following rupture of membranes. For clients without signs of risk factors, during the active phase of the first stage of labor, the fetal heart rate shall be evaluated at least every 30 minutes. For those clients with risk factors, fetal heart tones shall be auscultated at least every 15 minutes in active stage of labor. Fetal heart tones shall be auscultated approximately every 5 to 10 minutes or after every contraction as indicated in the second stage of labor for all clients.

(c) **Premature rupture of membranes at term**: When a client reports suspected rupture of membranes before the onset of labor at 37 weeks gestation or greater, timely evaluation must include obtaining a careful history, documentation of ruptured membranes, and evaluation for the presence of infection and/or fetal distress. Clients must be instructed in measures to prevent and identify infection. No vaginal examination shall be performed until the client is in active labor, unless cord prolapse is suspected.

(d) **Physiologic care during labor**: The primary care giver must make certain that the mother is receiving nourishing, easily digestible foods and adequate fluid throughout labor. The woman must be encouraged to urinate every one to two hours.

(8) **POSTPARTUM CARE**:

(a) **Postpartum assessment and care**: The pulse, uterine fundus, and lochia must be checked within the first 15 minutes. The uterine fundus and lochia discharge shall be checked for the first hour after birth and thereafter until the woman's condition is stable. The perineum and vagina shall be inspected for lacerations. If the required repair does not fall within the expertise of the primary care giver, arrangements must immediately be made for transfer or proper attendance. Before the primary care giver leaves or the family is discharged, the mother's general condition, blood pressure, pulse, temperature, fundus, lochia, and ability to ambulate and urinate must be assessed and found to be within normal limits. The primary care giver or other qualified persons must stay with the mother and infant until both are stable and secure and at least two hours have passed since the birth. The family must be instructed to make certain that someone is with the mother at all times during the first twenty-four hours and that she receives support and care for at least the first few days.

(b) **Postpartum instructions**: The family must be provided with instructions that include: self and baby care and hygiene, signs of infection and methods for prevention (mother and infant), signs of illness in the newborn, normal infant feeding patterns, uterine massage and normal parameters of lochial flow, and safety in the home and car, emotional needs, the changes in family dynamics, and the importance of rest, fluids, and good nutrition must be reviewed. Further follow-up must be arranged and instructions for the reporting of problems or deviation from normal will be given. Parents will be encouraged to contact the primary care giver with any questions or concerns.

(c) **Laboratory studies/medications**: Rubella vaccine must be discussed with non-immune women postpartum. A Rho Immune Globulin workup must be done for Rh negative women, including cord blood. Unsensitized Rh negative women who have given birth to an Rh-positive infant must be given Rho immune globulin intramuscularly within 72 hours post-birth.

(d) **Follow-up**: Postpartum follow-up care must minimally include: visits during the first 24 to 36 hours following birth, at 3 to 4 days to assess mother and baby, and a visit or telephone consultation within 1 to 2 weeks post-birth. The primary care giver must continue to monitor appropriate vital signs, and physical and social parameters including adequacy of support systems and signs of infection. Information must be provided regarding lactation, postpartum exercise, and community resources available. Education may be provided on various family planning methods. Those midwives who are qualified to fit barrier methods of contraception may do so at the six-week check up.

(9) **NEWBORN CARE**:

(a) **Newborn assessment and care**: Newborn assessment must include the monitoring of temperature, pulse, and respiration's each hour for the first two hours post-birth and thereafter until stable. A thorough physical examination must be done shortly after birth including assessment of length, weight, head circumference, fontanels, palate, heart, lungs, abdomen, genitalia, muscular and skeletal system, dislocated hips, back, buttocks, rectum, assessment of neurological status (including assessment for jitteriness or lethargy as well as the presence of normal newborn reflexes), and general appearance. A gestational age assessment must be done. The family must be informed of any deviation from normal. The primary care giver or another qualified person must stay with the family until a minimum of two hours post-birth have passed, all parameters of physical assessment are found to be within normal limits, and the infant has demonstrated normal suck and swallow reflexes.

(b) **Laboratory studies/medications/birth registrations**: Out-of-hospital care providers must adhere to state guidelines for the administration of vitamin K and ophthalmic prophylaxis. Infant metabolic screening shall be performed and/or documented according to the Oregon Health Division recommendations. Additional laboratory studies may be warranted as determined by the infant's condition or pediatric consultation. All births must be registered with the Oregon Health Division Vital Records Section.

(c) **Prolonged rupture of membrane**s: If the birth has taken place more than twenty four hours after rupture of membranes, the baby must be closely observed for twenty-four hours for signs and symptoms of infection.

(d) **Follow-up**: It is recommended that follow-up care include: a visit within 24 to 36 hours following birth, at 3 to 4 days, visit or telephone consultation within 1 to 2 weeks post-birth, and a visit at 6 weeks of age to monitor appropriate vital signs, weight, length, head circumference, color, infant feeding, and sleep/wake and stool/void patterns. Information must be provided about infant safety and development issues, immunization, circumcision, and available community resources.

Stat.: ORS 183, ORS 687.480 & ORS 687.485
Stats. Implemented: ORS 183, ORS 687.480 & ORS 687.485
Hist.: Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 2-1998, f. 4-14-98, cert. ef. 4-15-98; DEM 1-1999(Temp), f. 9-1-99, cert. ef. 9-9-99 thru 2-29-00; DEM 2-1999, f. 12-17-99, cert. ef. 12-20-99; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-00; DEM 2-2000(Temp), f. 8-22-00, cert. ef. 8-22-00 thru 2-17-01; DEM 3-2000, f. 9-29-00, cert. ef. 10-1-00; DEM 1-2001(Temp), f. & cert. ef. 10-1-01 thru 3-29-02; Administrative correction 11-7-01; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-025-0030**
**Access to and Administration of Legend Drugs and Devices**

Pursuant to ORS 687.493, a licensed direct entry midwife who satisfactorily completes prescribed education outlined in OAR 332-015-0070 is authorized access to and administration of specific legend drugs and devices listed in OAR 332-025-0040, 332-025-0050, and 332-025-0060. The following requirements shall be adhered to:

(1) Licensed midwives, shall comply with all local, state and federal laws and regulations regarding the administration, distribution, storage, transportation and disposal of approved legend drugs and devices listed in OAR 332-025-0040 through 332-025-0060.

(2) Approved legend drugs must be inventoried and securely stored by the midwife at all times the product is not in use, including samples or any remaining portion of a drug.

(3) Records regarding approved legend drugs and devices shall be maintained for a period of three (3) years. Records shall be kept on the business premises and available for inspection upon request by the Health Licensing Office Enforcement Officers. Upon request by the Board or Agency, a licensed midwife shall provide a copy of records. Records shall include, but not be limited, to the following:

(a) Name of drug, amount received, date of receipt, and drug expiration date;

(b) Name of drug and to whom administered; date and amount of drug administered to client;

(c) Name of drug, date and place or means of disposal.

(4) Expired, deteriorated or unused legend drugs shall be disposed of in a manner that protects the licensee, client and others who may come into contact with the material during disposal.

Stat. Auth.: ORS 183, ORS 687.485 & ORS 687.493
Stats. Implemented: ORS 183, ORS 687.485 & ORS 687.493
Hist.: 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

**332-025-0040**
**Approved Legend Drugs For Maternal Use**

Licensed Direct Entry Midwives 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);

(b) Methylergonovine Maleate (Methergine);

(c) Ergonovine Maleate or Ergometrine Maleate (Ergotrate); or

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

(3) Anti-Hemorrhagics for oral administration is limited to Methylergonovine Maleate (Methergine).

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

(5) Resuscitation is limited to medical oxygen and I.V. 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) Anaphylaxis for subcutaneous injection is limited to Epinephrine.

(8) Local Anesthetic includes:

(a) Lidocaine HCI (1% and 2%) (Xylocaine);

(b) Benzocaine (Cetacaine); and

(c) Procaine HCl (Novocain and Unicaine).

(9) Rhesus Sensitivity Prophylaxis is limited to Rho(d) Immune Globulin (Rhogam).

Stat. Auth.: ORS 183, ORS 687.485 & ORS 687.493
Stats. Implemented: ORS 183, ORS 687.485 & ORS 687.493
Hist.: 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

**332-025-0050**
**Approved Legend Drugs For Neonatal Use**

Licensed Direct Entry Midwives 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 (1%) Ointment.

(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.

Stat. Auth.: ORS 183, ORS 687.485 & ORS 687.493
Stats. Implemented: ORS 183, ORS 687.485 & ORS 687.493
Hist.: 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

**332-025-0060**
**Approved Devices**

Licensed Direct Entry Midwives may use or provide as appropriate the following devices as approved by the Board:

(1) Devices for injection of medications including:

(a) Needles; and

(b) Syringes.

(2) Devices for administration of intravenous fluids including:

(a) Drip sets; and

(b) Catheters.

(3) Devices for maternal and neonatal resuscitation including:

(a) Suction devices;

(b) Oxygen delivery devices; and

(c) Bag-Valve-Mask-Sets.

(4) Devices for rupturing the amniotic sac are limited to Amnihooks.

(5) Devices for repairing the perineal area including:

(a) Sutures; and

(b) Local anesthetic administration devices.

(6) Barrier methods of contraception.

Stat. Auth.: ORS 183, ORS 487.485 & ORS 687.493
Stats. Implemented: ORS 183, ORS 687.485 & ORS 687.493
Hist.: 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

## DIVISION 30

## DISCIPLINE AND ENFORCEMENT

**332-030-0000**
**Complaints**

(1) Any person who wishes to file a complaint with the Board against a midwife may do so on forms issued by the Board. The complaint shall contain:

(a) The name of the person making the complaint;

(b) The name of the person or midwife against whom the complaint is being made;

(c) A concise description of the charge against the person or licensee, giving dates, time, etc. of the alleged violation; and

(d) The signature of the person making the complaint.

(2) Any person is welcome to contact the Board to comment on any service received from a licensee.

(3) After receipt of a written complaint, regarding services performed by a licensed direct entry midwife, the Board shall send a copy of the complaint (including name of complainant) to the licensee and request a reply to the charges within 20 calendar days from the date of the inquiry by the Board.

(4) After receipt of a complaint regarding violations of the licensing law, the Board and/or Health Licensing Office investigators in consultation with the enforcement subcommittee of the Board or member thereof, will determine if further action is to be taken and may initiate an inspection or investigation.

(5) The Health Licensing Office investigator(s) in consultation with the enforcement subcommittee of the Board or member thereof, will:

(a) Review the information and as applicable, interviews parties and witnesses, and examines (physical) evidence relating to the complaint;

(b) Advise the Board as to whether the direct entry midwife practiced within the practice standards established by the Board for Direct Entry Midwifery;

(c) May attempt to informally resolve the matter; and

(d) Make recommendations for Board action.

(6) After receiving advice from the investigator(s) and/or enforcement subcommittee of the Board or member thereof, the Board will determine what action will be taken by the Board.

(7) A report of all investigations and Board actions will be presented to the Board.

Stat. Auth.: OL 1993, Ch. 362, Section 10
Stats. Implemented: OL 1993, Ch. 362, Section 10
Hist.: DEM 1-1993(Temp), f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2000(Temp), f. 7-14-00, cert. ef. 7-15-00 thru 12-1-00; DEM 4-2000, f. 9-29-00, cert. ef. 10-1-00

**332-030-0010**
**Disciplinary Action**

(1) The Agency, in consultation with the Board, may refuse to issue, may suspend or may revoke a license or place a licensed person on probation for the causes stated ORS 687.450.

(2) The Agency, in consultation with the Board, shall have grounds for a determination of incompetency in the practice of direct entry midwifery pursuant to ORS 687.450, upon evidence of the use of any controlled substance, dangerous or illegal drugs, intoxicating liquor, or any emotional or physical disability of a direct entry mid-

wife, to the extent that such use or condition impairs or prevents the direct entry midwife's ability to perform competently.

(3) The Agency, in consultation with the Board, shall have grounds for a determination of fraud or misrepresentation in the practice of direct entry midwifery pursuant ORS 687.450, upon evidence of any advertising statements of a nature that would deceive or mislead the public or that are untruthful, such as:

(a) Incorrect use of a title;

(b) Claiming or implying a qualification, competency or specialty in connection with the practice of direct entry midwifery to which the person is not entitled, or which is untrue.

(4) Failure to cooperate with the Agency or its agent is unprofessional conduct and is subject to discipline, which may include license suspension, revocation and/or assessment of civil fines. Failure to cooperate with the Agency or its agent includes, but is not limited to, the following:

(a) Failure to respond to an inquiry within 30 days from the Agency regarding a complaint;

(b) Failure to provide information to the Agency in response to a written inquiry, or provide written response within specified time allotted by notice of intended action;

(c) Failure to allow access and viewing of original or true copies of client records upon request, which includes treatment charts, models, health histories, billing documents, correspondence and memoranda;

(d) Failure to provide true copies of client records, which includes treatment charts, models, health histories, billing documents, correspondence and memoranda during the course of an investigation or when requested by the Board or Agency;

(e) Interference, use of threats or harassment which delays or obstructs any person in providing evidence in any investigation, contested case, or other legal action instituted by the Agency;

(f) Interference, use of threats or harassment which delays or obstructs the Agency in carrying out its functions under ORS 687.405 to 687.495 and rules adopted thereunder; or

(g) Deceiving or attempting to deceive the Agency regarding any matter under investigation including altering or destroying any records.

(5) The specific identification of grounds for disciplinary action stated in sections (2) and (3) of this rule are intended to be descriptive of some, but not all, those causes for which disciplinary action may be taken as stated in ORS 687.450.

(6) When the Agency requires correction of deficiencies in lieu of the suspension, revocation or denial of licensure, the correction shall be made within the time frame established by the Agency or the suspension, revocation or denial of licensure action will proceed.

Stat. Auth.: ORS 183, ORS 687.450 & ORS 687.485
Stats. Implemented:ORS 183 and ORS 687.450 & ORS 687.485
Hist.: DEM 1-1993, f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94; DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02

**332-030-0020**
**Civil Penalty Considerations**

(1) In addition to any other penalty provided by law, a person who violates any provision of Oregon Laws 1993, Chapter 362 or any rule adopted thereunder shall be subject to a civil penalty imposed by the Board. The Board reserves the right to pursue other remedies against alleged violators and may take any other disciplinary action at its discretion that it finds proper, including assessment of penalty not to exceed $1,000.

(2) In establishing the amount of the penalty for each violation, the Board will consider, but not be limited to the following factors:

(a) The gravity and magnitude of the violation;

(b) The person's previous record of complying or of failing to comply with the provision of Oregon Laws 1993, Chapter 362, Section 10 or with the rules adopted under Oregon Laws 1993, Chapter 362, Section 10;

(c) The person's history in taking all feasible steps or in following all procedures necessary or appropriate to correct the violation; and

(d) Such other considerations as the Board may consider appropriate.

(3) The Board may revoke, suspend or refuse to issue the license of any person, who fails to pay on demand a civil penalty which has become due and payable, provided that it first gives the person an opportunity for a hearing as outlined in ORS 183, and conducted in accordance with Oregon Laws 1993, Chapter 362, Section 10.

Stat. Auth.: OL 1993, Ch. 362, Sec. 10
Stats. Implemented:
Hist.: DEM 1-1993, f. & cert. ef. 12-22-93; DEM 1-1994, f. & cert. ef. 6-15-94

**332-030-0030**
**License Sanctions**

(1) In accordance with ORS 348.393 to 348.399 and OAR 575-001-0030, the Health Licensing Office will provide the Oregon Student Assistance Commission with licensing information, which may be electronically cross-matched with the Commission's post-default database.

(2) The Agency will suspend, refuse to issue or revoke the license of a person, or place the person on probation, if the person is in default on any student loan guaranteed or insured by the Oregon Student Assistance Commission and is not paying in a satisfactory manner as determined by the Commission and in accordance with federal regulations.

(3) Pursuant to ORS 348.393(3), the Agency will notify the license holder of the action being taken against the license at the direction of the Commission.

(4) Upon notification by the Commission and receipt of a release notice that the individual has met satisfactory borrower repayment status, the Agency will renew, reactivate or release from probation the license upon compliance with any qualifications for renewal or reactivation.

(5) In accordance with ORS 25.750 to 25.783, the Agency will provide the Support Enforcement Division of the Department of Justice with license information which may be electronically cross-matched with Support Enforcement Division's records for persons under order of judgement to pay monthly child support and who are in arrears according to ORS 25.750(a), (b) and/or (c).

(6) The Agency will place into a suspended status the license if the Support Enforcement Division or the district attorney identifies the license holder as being in arrears with respect to any judgement or order requiring the payment of child support and that the case is being enforced under the provisions of ORS 25.080.

(7) Pursuant to ORS 25.762 or 25.765, the Agency will notify the license holder of the suspended status and refer the person to the Support Enforcement Division or the district attorney for resolution.

(8) Upon notification by the Support Enforcement Division or district attorney and receipt of a release notice that the conditions resulting in the suspension no longer exist, the Agency will renew, reactivate or reinstate the license upon compliance with any qualifications for renewal or reactivation.

(9) In accordance with ORS 305.385, the Agency upon request will provide the Department of Revenue with license information to determine if the holder has neglected or refused to file any return or to pay any tax without filing a petition with the department as stated in ORS 305.385(4)(a).

(10) The Agency will propose to take action against a license holder identified by the Department of Revenue. Where the Agency proposes to suspend, refuse to issue or revoke a license, opportunity for hearing will be accorded as provided in ORS 183.310 to 183.550 for contested cases.

(11) Upon notification by the Department of Revenue and receipt of a certificate issued by the department that the license holder is in good standing with respect to any returns due and taxes payable to the Department of Revenue as of the date of the certificate, the Agency will renew, reactivate or release from suspended status the license upon compliance with any qualifications for renewal or reactivation.

Stat. Auth.: ORS 687.450; ORS 348.393 - ORS 348.399; ORS 25.750 - ORS 25.783 & ORS 305.385
Stats. Implemented: ORS 687.450; ORS 348.393 - ORS 348.399; ORS 25.750 - ORS 25.783 & ORS 305.385
Hist.: DEM 1-2002, f. 2-25-02 cert. ef. 3-1-02