

House Amendments to Senate Bill No. 2741

TO THE SECRETARY OF THE SENATE:

THIS IS TO INFORM YOU THAT THE HOUSE HAS ADOPTED THE AMENDMENTS SET OUT BELOW:

AMENDMENT NO. 1

1 **AMEND** on lines 150 and 151 by deleting the words "practice
2 music therapy or"

3 **AMEND** on line 336 by deleting the following language: ", and
4 shall stand repealed on June 30, 2025"

5 **AMEND FURTHER** the title on line 9 by deleting the words
6 "PRACTICE MUSIC THERAPY OR"

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AMENDMENT NO. 2

1 **AMEND** by deleting Section 12 and inserting in lieu thereof
2 the following:

3 **"SECTION 12. Short Title.** This act shall be known and may
4 be cited as the "Mississippi Midwifery License Law."

5 **SECTION 13. Legislative Purpose.** (1) The midwifery model
6 of care emphasizes patient-centered care that considers the whole

7 person and prioritizes autonomy, consent and collaboration;
8 focuses on maximizing the health and wellness of a woman and her
9 baby; and attends to the emotional, social and spiritual aspects
10 of pregnancy and birth. Professional midwives offer an
11 evidence-based model of perinatal care that views birth as a
12 normal physiologic process and seeks medical expertise and
13 interventions as warranted. Increased access to professional
14 midwives positively affects maternal and infant health outcomes.

15 (2) Midwifery is a profession in its own right and it is not
16 the practice of medicine. Community-based midwives have
17 historically served an indispensable public health role in
18 promoting the health and well-being of Mississippi mothers and
19 infants. Mississippi's current rates of preterm births, low birth
20 weights, infant mortality, maternal mortality, and rural hospital
21 closures would benefit from increased access to professional
22 midwifery care in community settings.

23 (3) Research demonstrates that integration and coordination
24 across birth settings and maternity care providers promote
25 high-quality, cost-effective care. Specifically, the integration
26 of community-based midwives into regional maternity care systems
27 is a key determinant of improving perinatal outcomes. Regulation
28 of the practice of professional midwifery is necessary to
29 facilitate the integration of professional midwives into
30 Mississippi's maternity care system.

31 (4) Parents have the freedom to choose the manner, place,
32 and attendant for giving birth. Regulating and licensing
33 professional midwives in community settings will increase access
34 to birthing options for the families of Mississippi and preserve
35 parental choice.

36 (5) Within the State of Mississippi, mothers and families
37 seek out alternatives to hospital births and they find significant
38 value in perinatal services offered in community settings. The
39 term "midwife" connotes to consumers and the community an
40 expectation of professionalism and a minimum level of competency
41 and care. Community-based midwives are currently serving
42 Mississippi families in the absence of any licensure mechanism.

43 (6) Therefore, the Legislature authorizes the recognition
44 and licensure of the practice of professional midwifery in
45 community settings. For the purpose of increasing the access to
46 midwifery care in the community setting, providing for the health
47 and welfare of women and infants, the Legislature declares that
48 the Mississippi Midwifery Licensure Law shall provide for the
49 licensure of professional midwives, create mechanisms for
50 oversight and accountability, facilitate informed consent, and
51 preserve parental freedom and choice in the setting for which they
52 give birth.

53 **SECTION 14. Definitions.** As used in this act, the following
54 terms shall be defined as provided in this section:

55 (a) "Antepartum" means the stage of care that begins
56 when a pregnant woman presents herself for care during pregnancy
57 and ends at the onset of labor.

58 (b) "Apprentice" means an individual at the
59 apprenticeship level of midwifery training who is obtaining
60 clinical experience under the supervision of a qualified, licensed
61 midwife by providing midwifery care under the supervision of such
62 a preceptor.

63 (c) "Board" means the Mississippi State Board of
64 Licensed Midwifery, which is created in Section 6 of this act.

65 (d) "Certified nurse midwife" means an advanced
66 practice registered nurse certified by the American Midwifery
67 Certification Board whose practice is regulated by Section 73-15-1
68 et seq.

69 (e) "Client" means an individual receiving professional
70 midwifery services from a licensed midwife. Because the midwifery
71 model of care characterizes pregnancy as a normal physiologic
72 process rather than a medical event, the term "client" is
73 preferred over the term "patient" by professional midwives as well
74 as the families they serve. Within this act, however, the term
75 "patient" may also be used to refer to an individual receiving
76 professional midwifery services from a licensed midwife.

77 (f) "Intrapartum" means occurring from the onset of
78 labor until after the delivery of the placenta.

(g) "Licensed midwife" means an individual who practices professional midwifery in community settings and has met the licensing requirements established by this act and its implementing rules as promulgated by the board.

(h) "Neonate" means a newborn child in its first four (4) weeks of life.

(i) "Neonatal period" means the first four (4) weeks of a child's life.

(j) "Normal" means, as applied to the antepartum, intrapartum and postpartum periods and the neonatal period, and as defined by board rule, circumstances under which a midwife has determined that a client does not have a condition that requires medical intervention.

(k) "Physician" means an individual engaged in the practice of medicine and duly licensed by the State Board of Medical Licensure whose practice is regulated by Section 73-25-1 et seq.

(l) "Postpartum period" means the first six (6) weeks after a woman has given birth.

(m) "Professional midwifery" means the studied, skilled practice of providing primary maternity care consistent with a midwife's training, education and experience to women and neonates during the antepartum, intrapartum and postpartum periods.

SECTION 15. Applicability. This act does not apply to:

(a) A certified nurse midwife, a physician or any health care professional licensed by the state who is providing care within the scope of his or her license;

(b) A student midwife who is engaged in didactic learning and providing clinical care supervised by a licensed midwife;

(c) A doula, childbirth instructor, lactation consultant or other layperson offering nonclinical support during the antepartum, intrapartum and postpartum periods; or

(d) Any person who assists with childbirth in an emergency where medical or midwifery care is not available.

SECTION 16. Scope of practice; practice parameters; mandatory procedures; prohibitions; discrimination prohibited.

(1) The scope of practice of licensed midwives shall consist of:

(a) Providing primary maternity care that is consistent with a midwife's training, education and experience to low-risk women and their neonates during normal antepartum, intrapartum and postpartum periods, as further articulated by the board based on definitions established by national and international professional associations and certifying bodies;

(b) Nonprescriptive family planning and basic well-woman care, including, but not limited to, Pap tests, sexually transmitted infection screenings, preconception

126 screenings, and other acts, tasks, or functions authorized by the
127 board; and

128 (c) Consulting and collaborating with other licensed
129 health care providers, including, but not limited to, the referral
130 of women or their neonates to a higher level of care with an
131 appropriate licensed health care provider when the licensed
132 midwife determines that the pregnancy, labor, delivery, postpartum
133 period or neonatal period may not be classified as normal as
134 defined by this act or according to rules promulgated by the
135 board.

136 (2) Prescriptive authority and the possession and
137 administration of controlled substances by licensed midwives are
138 prohibited. When acting within their scope of practice, licensed
139 midwives may obtain, transport, and administer the following
140 medications:

141 (a) Vitamin K;

142 (b) Antihemorrhagic agents;

143 (c) Local anesthetics;

144 (d) Oxygen;

145 (e) Prophylactic eye agents;

146 (f) RhoGam or other prophylactic immunoglobulins;

147 (g) Intravenous fluids; and

148 (h) Any other drug that is consistent with the scope of
149 practice of professional midwifery in community settings and is
150 authorized by the board by rule.

151 (3) A licensed midwife may directly obtain supplies and
152 devices, medications within the scope of practice, order and
153 obtain screening tests including ultrasound tests, and receive
154 verbal and written reports of the results of those tests as
155 necessary for the practice of professional midwifery in community
156 settings and consistent with the scope of practice of licensed
157 midwives.

158 (4) Licensed midwives shall:

159 (a) Register and maintain current contact information
160 with the board following procedures developed by the board and
161 promulgated by rule for the publication of an official roster of
162 licensed midwives.

163 (b) Register births with the State Registrar of Vital
164 Records in accordance with the rules promulgated by the State
165 Department of Health.

166 (c) Report client statistical data to the board or
167 other national entities as required by rules promulgated by the
168 board.

169 (d) Provide certain disclosures in writing at the
170 inception of care for a client, including, but not limited to, the
171 following:

(i) The licensed midwife's education, training and qualifications;

(ii) The licensed midwife's criteria for referring a client to a licensed health care provider for a higher level of care;

(iii) The licensed midwife's criteria for effecting an emergency transfer to a hospital;

(iv) Whether the midwife has malpractice liability insurance coverage in effect and, if so, the policy limitations of that coverage;

(v) Notice that the licensed midwife has certain statistical data reporting obligations to the board that are not optional but that may be anonymized;

(vi) The licensed midwife's disciplinary history with the board, including whether any disciplinary action is currently pending against them by the board;

(vii) The procedures a client can take to initiate disciplinary action against a licensed midwife; and

(viii) Any other information required by rules promulgated by the board.

(5) It shall be unlawful for licensed midwives to:

(a) Perform surgical procedures other than episiotomies or repairs of perineal lacerations;

195 (b) Use forceps or vacuum extraction;

196 (c) Aid or abet an unlicensed person to practice as a
197 licensed midwife;

198 (d) Negligently, willfully, or intentionally act in a
199 manner inconsistent with the health and safety of those entrusted
200 to the licensed midwife's care;

201 (e) Engage in substandard, unprofessional or
202 dishonorable conduct, or any other form of misconduct as defined
203 by the board; and

204 (f) Engage in any other act, task or function
205 prohibited in rules promulgated by the board.

206 (6) Nothing in this act shall be construed to permit the
207 practice of medicine by licensed midwives since midwifery is not
208 the practice of medicine.

209 **SECTION 17. State Board of Licensed Midwifery created;**

210 **composition; powers and duties.** (1) The State Board of Licensed
211 Midwifery is created to regulate autonomous professional midwifery
212 practice in community settings within Mississippi.

213 (a) The board shall consist of nine (9) persons and be
214 comprised of:

215 (i) Six (6) midwives each of whom has at least two
216 (2) years experience in Mississippi in the practice of midwifery
217 in community settings;

(ii) One (1) perinatal care provider who is certified by a national professional organization;

(iii) One (1) member who represents the public and who is not practicing or trained in a health care profession, and who is a parent with at least one (1) child born with the assistance of a midwife or a certified nurse midwife; and

(iv) The Executive Director of the State Department of Health or his or her designee.

(b) The appointed board members shall be resident citizens of the State of Mississippi and appointed by the Governor. The Governor shall accept and consider lists of nominees from any interested individual or organization, and shall prioritize the appointment of nominees made by the following organizations or their successors:

(i) The State Department of Health;

(ii) The Association of Mississippi Midwives;

(iii) The Mississippi Perinatal Quality Collaborative;

(iv) The Mississippi Public Health Institute;

(v) The Institute for the Advancement of Minority Health;

(vi) Better Birth Mississippi; and

(vii) Sisters in Birth.

Any such list of nominees from the organizations listed in this paragraph (b) shall be submitted at least thirty (30) days before the expiration of the term for each position.

(c) The initial appointments to the board shall be for staggered terms, to be designated by the Governor at the time of appointment as follows: four (4) members shall serve for terms ending on July 1, 2027; three (3) members shall serve for terms ending on July 1, 2028; and one (1) member shall serve for a term ending on July 1, 2029. All later appointments shall be for terms of four (4) years from the expiration date of the previous term.

(d) The Governor shall fill a vacancy no later than sixty (60) days from the date the vacancy occurs. Members may hold office until their successors have been appointed.

(e) The appointed board members shall not be compensated for their service, but shall be reimbursed for necessary and ordinary expenses and mileage incurred while performing their duties as members of the board as provided in Section 25-3-41, to be paid from the special fund of the board.

(2) Not later than July 1, 2026, the board shall promulgate rules that, at a minimum:

(a) Establish and implement a program for qualified individuals to apply and obtain licensure as a licensed midwife, including, but not limited to:

(i) Developing policies and procedures for temporary permits, initial licensing, renewals and reinstatement of lapsed licenses; and

(ii) A fee schedule for applications, temporary permits, initial licenses, renewals and reinstatements. The board shall review its fee schedule every four (4) years and update fees as necessary for the growth and sustainability of the profession;

(b) Develop educational standards, including, but not limited to:

(i) Identifying the basic minimum educational standards, including the type of courses and number of hours required, that qualify an applicant to seek licensure;

(ii) Developing methods and requirements for ensuring the continued competence of licensed midwives through continuing midwifery education, including the type of courses and number of hours required, as a condition for license renewal; and

(iii) Approving educational programs, institutions, instructors and facilities that meet the basic and continuing professional midwifery educational requirements for practice within Mississippi;

(c) Prescribe standards and competencies for the practice of professional midwifery in community settings within Mississippi based on criteria established by national and international professional associations and certifying bodies;

288 (d) Delineate specific symptoms and conditions that
289 require collaboration, consultation, or referral of a client by a
290 licensed midwife to a physician or other appropriate licensed
291 health care provider, and establish the process for such
292 collaboration, consultation, or referral. Such rules shall
293 promote informed consent and preserve parental choice;

294 (e) Exercise its disciplinary authority by establishing
295 and implementing formal disciplinary processes and procedures.

296 (i) The board shall develop and prescribe
297 procedures for investigating, processing and resolving complaints,
298 violations, probations, suspensions, revocations and
299 reinstatements, including, but not limited to:

- 300 1. Complaints of professional misconduct;
- 301 2. Allegations that licensed midwives are
302 violating the provisions of this act or its implementing rules;
- 303 3. Grievances from applicants and licensees
304 regarding agency action.

305 (ii) All procedures implementing the board's
306 disciplinary authority shall incorporate notice, the opportunity
307 to be heard, and a decision by a neutral decision-maker. Final
308 agency decisions will be subject to judicial review; and

309 (f) Collect, analyze, share and publish anonymized
310 statistical perinatal outcome data from licensed midwives and
311 individuals holding temporary permits, including, but not limited

to, live births, fetal demises and neonatal and maternal deaths.
Rules regarding data sharing shall preserve public access.

(3) In promulgating the rules described in subsection (2) of this section, the board shall consider any data, views, questions, and arguments submitted by:

- (a) The State Department of Health;
- (b) The Association of Mississippi Midwives;
- (c) The Mississippi Perinatal Quality Collaborative;
- (d) The Mississippi Public Health Institute;
- (e) The Institute for the Advancement of Minority Health;
- (f) Better Birth Mississippi; and
- (g) Sisters in Birth.

(4) The board shall develop, publish and maintain an official roster of licensed midwives and individuals holding temporary permits that can be accessed by the public at no cost. The roster shall reflect the statistical outcome data and disciplinary history of each licensee and permit-holder.

(5) The board shall deposit all funds received from the collection of application and licensure fees and the levying of disciplinary fines into a special fund that is created in the State Treasury to be known as the Board of Licensed Midwifery Fund. Monies in the special fund shall be used by the board, upon

appropriation by the Legislature, for the purpose of administering this act. Any interest earned on the special fund shall be credited to the special fund and shall not be paid into the State General Fund. Any monies remaining in the special fund at the end of a fiscal year shall not lapse into the State General Fund.

(6) The board is authorized to contract with third-party entities to perform clerical and administrative tasks and functions related to the logistical implementation of midwifery licensure under this act.

(7) The board may promulgate any and all additional rules it deems necessary to effectively regulate the practice of licensed midwives to the extent that those additional rules do not violate any terms or provisions of this act.

SECTION 18. License required; temporary permits; exemptions; qualifications. (1) Beginning on the effective date of the initial rules promulgated by the board under Section 6 of this act, it shall be unlawful for any person to provide professional midwifery care within the State of Mississippi without first obtaining a license from the board in accordance with its rules.

(2) The board shall promulgate rules allowing for the expedited issuance of temporary permits authorizing an individual to practice professional midwifery pending qualification for licensure.

(a) Temporary permits shall be issued for a term of twenty-four (24) months and may not be renewed except as follows: A temporary permit issued to an apprentice may be renewed upon a showing to the board that the apprentice has good cause for not completing their clinical training within the initial temporary permit period.

(b) An applicant who is granted a temporary permit under this section is subject to all other requirements of this act and rules promulgated by the board, and the board may automatically void the temporary permit if the applicant fails to comply with those requirements.

(c) An individual who paid an application fee in connection with an application for a temporary permit under this section is not required to pay a separate application fee in connection with their application for an initial license if the board receives the application for an initial license within sixty (60) days after the expiration of the temporary permit.

(d) To qualify for a temporary permit to practice professional midwifery, an individual must:

(i) Be an apprentice working under the supervision of a licensed midwife;

(ii) Be licensed in good standing as a midwife in another state at the time of application; or

(iii) Be engaged in providing professional midwifery services to one or more Mississippi families on the effective date of the initial rules promulgated by the board, as evidenced by a contractual agreement to render such services.

(e) An individual seeking a temporary permit under this subsection (2) must submit an application for full licensure within twelve (12) months after the effective date of the initial rules promulgated by the board.

(3) Licensure under this act is not required for:

(a) An employee or other individual who is assisting a midwife and who is under the midwife's supervision from performing activities or functions that are delegated by the midwife, that are nondiscretionary, that do not require the exercise of professional judgment for their performance, and that are within the midwife's authority to perform; and

(b) An individual providing uncompensated care to a friend or family member if the individual does not hold themselves out to the public as a licensed midwife.

(4) Nothing in this act shall prohibit a traditional birth attendant from providing care that falls within the scope of midwifery practice without a license where the traditional birth attendant is fulfilling a cultural or religious role that has historically included the provision of care at birth, and the

traditional birth attendant only offers such services to women and families within that distinct cultural or religious group.

SECTION 19. Confidentiality. (1) All statistical data reporting and sharing by the board shall be anonymized prior to dissemination or publication.

(2) The board shall keep all information relating to the receipt and investigation of complaints filed against licensees or applicants confidential until the information is disclosed in the course of the investigation or any later proceeding before the board. Client records, including clinical records, files, any other report or oral statement relating to diagnostic findings or clinical treatment of clients, any information from which a client or her family might be identified, or information received and records or reports kept by the board as a result of an investigation made under this act shall be exempt from the provisions of the Mississippi Public Records Act of 1983 and shall be kept confidential by the board.

SECTION 20. Immunity. (1) Nothing in this act shall create liability of any kind for a licensed health care provider who provides care to a client of a licensed midwife for personal injury or death resulting from an act or omission by the midwife, unless the professional negligence or malpractice of the health care provider was a proximate cause of the injury or death.

(2) No duly licensed midwife who, in good faith and in the exercise of reasonable care, renders aid in emergency childbirth,

or assists in transporting a laboring mother to a place where medical assistance can be reasonably expected, shall be liable for any civil damages to the mother or infant as a result of any acts committed in good faith and in the exercise of reasonable care or omissions in good faith and in the exercise of reasonable care by such midwife in rendering aid in the emergency.

SECTION 21. Offenses; penalties. (1) It is unlawful for any person to:

(a) Offer or engage in the provision of professional midwifery services unless duly licensed to do so under the provisions of this act;

(b) Impersonate in any manner or pretend to be a licensed midwife or use the title "Licensed Midwife," the letters "L.M." or any other words, letters, signs, symbols or devices to indicate the person using them is a licensed midwife, unless duly authorized by the license or permit under the provisions of this act;

(c) Provide midwifery care during the time their license or temporary permit is suspended, revoked, lapsed or expired;

(d) Fail to notify the board of the suspension, probation or revocation of any past or currently held licenses required to practice midwifery in any other jurisdiction;

(e) Make false representations or impersonate or act as a proxy for another person or allow or aid any person to impersonate them in connection with any application for licensing or request to be licensed; or

(f) Otherwise violate any provisions of this act.

(2) (a) For the first violation and subsequent violations of any provision of this section, the board shall impose a monetary penalty of One Thousand Dollars (\$1,000.00).

(b) In addition to a monetary penalty, the board may revoke the license of a midwife or suspend the license for up to two (2) years without review.

(c) In addition to or as an alternative to revoking or suspending the license of a midwife, the board may require the midwife to complete education programs, participate in supervised practice, or submit to care or counseling.

SECTION 22. (1) Terminology in any health coverage plan, policy or contract deemed discriminatory against professional midwifery, community perinatal care, or the midwifery model of care or that inhibits reimbursement for such services at the in-network rate is void and unenforceable.

(2) Any health coverage plan amended, delivered, issued, or renewed in this state on or after January 1, 2026, that provides maternity benefits that are not limited to complications of pregnancy, or newborn care benefits, shall provide coverage for

maternity services and perinatal care rendered by a licensed midwife licensed under this act, regardless of the site of services. The coverage provided for in this section may be subject to annual deductibles, coinsurance and copayments.

(3) A health coverage plan amended, delivered, issued or renewed in this state on or after January 1, 2026, shall not differentiate between perinatal services performed by a professional midwife within their lawful scope of practice and perinatal services by a physician with respect to copayment or annual deductible amounts or coinsurance percentages.

(4) Whenever any health coverage plan amended, delivered, issued, or renewed in this state on or after January 1, 2026, provides for reimbursement of any services that are within the lawful scope of practice of licensed midwives, the insured or other person entitled to benefits under the health coverage plan shall be entitled to reimbursement for the services, whether the services are performed by a physician or a licensed midwife.

(5) The provisions of this section apply to any new policy, contract, program or health coverage plan issued on and after January 1, 2026. Any policy, contract or health coverage plan in effect before January 1, 2026, shall convert to conform to the provisions of this act on or before the renewal date, but no later than January 1, 2027.

(6) Nothing in this section shall restrict the Division of Medicaid from setting rules and regulations regarding the coverage

of professional midwifery services and nothing in this section shall amend or change the Division of Medicaid's schedule of benefits, exclusions and/or limitations related to obstetric and/or midwifery services as determined by state or federal regulations and state and federal law.

SECTION 23. (1) A licensed provider who regularly provides health care services related to labor and delivery shall:

(a) Be able to identify when to transmit and receive patient information, and transfer and receive patients, across the facility's levels of care; and

(b) Coordinate with other licensed providers to effectuate services across the facility's levels of care in a way that prevents patients from losing access to care.

(2) The acceptance of a transferred perinatal patient does not establish an employment or supervisory relationship between the accepting licensed provider and the transferring licensed provider or establish grounds for vicarious liability.

(3) Within twenty-four (24) months from the effective date of the initial rules promulgated by the board, the Division of Health Facilities Licensure and Certification of the State Department of Health shall develop and institute a safe perinatal transfer certification for the facilities that it regulates.

(4) In developing the safe perinatal transfer certification, the division shall incorporate input and feedback from:

(a) Interested and affected stakeholders, with a focus on pregnant women and those in the postpartum period and their family members;

(b) Multidisciplinary, nonprofit organizations representing pregnant women and those in the postpartum period, with a focus on individuals from racial and ethnic minority groups; and

(c) Multidisciplinary, community-based organizations that provide support or advocacy for pregnant women and those in the postpartum period, with a focus on persons from racial and ethnic minority groups.

(5) Nothing in this act shall prohibit licensed providers or facilities from billing for health care services rendered, including maternity care and perinatal care.

SECTION 24. Section 73-25-33, Mississippi Code of 1972, is amended as follows:

73-25-33. (1) The practice of medicine shall mean to suggest, recommend, prescribe, or direct for the use of any person, any drug, medicine, appliance, or other agency, whether material or not material, for the cure, relief, or palliation of any ailment or disease of the mind or body, or for the cure or relief of any wound or fracture or other bodily injury or deformity, or the practice of obstetrics * * *, after having received, or with the intent of receiving therefor, either

549 directly or indirectly, any bonus, gift, profit or compensation;
550 provided, that nothing in this section shall apply to * * *
551 individuals engaged * * * in the practice of midwifery.

552 (2) The practice of medicine shall not mean to provide
553 gender transition procedures for any person under eighteen (18)
554 years of age; or

555 (3) For purposes of this section, "gender transition
556 procedures" means the same as defined in Section 41-141-3.

557 **SECTION 25.** Sections 12 through 21 of this act shall be
558 codified as a new chapter in Title 73 of the Mississippi Code of
559 1972. Section 22 of this act shall be codified as a new section
560 in Article 5, Chapter 41, Title 83 of the Mississippi Code of
561 1972.

562 **SECTION 15.** This act shall take effect and be in force from
563 and after July 1, 2025."

564 **AMEND FURTHER** the title on line 18 by inserting the following
565 after the semicolon: "TO PROVIDE FOR THE LICENSURE AND REGULATION
566 OF PROFESSIONAL MIDWIFERY; TO PROVIDE DEFINITIONS FOR THE PURPOSE
567 OF THE ACT; TO PROVIDE EXCEPTIONS TO THE APPLICABILITY OF THE ACT;
568 TO PROVIDE THE SCOPE OF PRACTICE FOR LICENSED MIDWIVES; TO PROVIDE
569 MANDATORY PROCEDURES FOR LICENSED MIDWIVES; TO PROHIBIT LICENSED
570 MIDWIVES FROM CERTAIN ACTIONS; TO CREATE THE STATE BOARD OF
571 LICENSED MIDWIFERY AND PROVIDE FOR ITS COMPOSITION, APPOINTMENT
572 AND POWERS AND DUTIES; TO REQUIRE THE BOARD TO PROMULGATE RULES

573 NOT LATER THAN JULY 1, 2026; TO REQUIRE A LICENSE FROM THE BOARD
574 TO PRACTICE PROFESSIONAL MIDWIFERY; TO PROVIDE FOR THE ISSUANCE OF
575 TEMPORARY PERMITS TO PRACTICE PENDING QUALIFICATION FOR LICENSURE;
576 TO PROVIDE EXEMPTIONS FROM LICENSURE FOR CERTAIN PERSONS; TO
577 PROVIDE FOR THE CONFIDENTIALITY OF INFORMATION MAINTAINED BY THE
578 BOARD; TO PROVIDE IMMUNITY FOR CERTAIN ACTIONS; TO PROVIDE
579 PENALTIES FOR VIOLATIONS OF THIS ACT; TO PROHIBIT TERMINOLOGY IN
580 ANY HEALTH COVERAGE PLAN, POLICY OR CONTRACT THAT IS
581 DISCRIMINATORY AGAINST PROFESSIONAL MIDWIFERY; TO REQUIRE HEALTH
582 COVERAGE PLANS THAT PROVIDE MATERNITY BENEFITS TO PROVIDE COVERAGE
583 FOR SERVICES RENDERED BY A LICENSED MIDWIFE; TO PROVIDE WHENEVER A
584 HEALTH COVERAGE PLAN PROVIDES FOR REIMBURSEMENT OF ANY SERVICES
585 THAT ARE WITHIN THE LAWFUL SCOPE OF PRACTICE OF LICENSED MIDWIVES,
586 THE PERSON ENTITLED TO BENEFITS UNDER THE PLAN SHALL BE ENTITLED
587 TO REIMBURSEMENT FOR THE SERVICES, WHETHER THE SERVICES ARE
588 PERFORMED BY A PHYSICIAN OR A LICENSED MIDWIFE; TO REQUIRE THE
589 STATE DEPARTMENT OF HEALTH TO DEVELOP AND INSTITUTE A SAFE
590 PERINATAL TRANSFER CERTIFICATION FOR THE FACILITIES THAT IT
591 REGULATES; TO AMEND SECTION 73-25-33, MISSISSIPPI CODE OF 1972, TO
592 CLARIFY THAT THE PRACTICE OF MIDWIFERY IS NOT CONSIDERED TO BE THE
593 PRACTICE OF MEDICINE;"

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Andrew Ketchings
Clerk of the House of Representatives