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 File Date: 3/26/2024  
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# Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing (Tenn. Code Ann. § 4-5-205).

Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).

<b>Agency/Board/Commission:</b>	Board of Osteopathic Examination
<b>Division:</b>	Council of Certified Professional Midwifery
<b>Contact Person:</b>	Ronda Webb-Stewart, Senior Associate Counsel Holt Whitt, Assistant Commissioner for Legislative Affairs
<b>Address:</b>	665 Mainstream Drive, Nashville, Tennessee 710 James Robertson Parkway, Nashville, TN
<b>Zip:</b>	37243
<b>Phone:</b>	(615) 741-1611 (615) 741-0948
<b>Email:</b>	<a href="mailto:Ronda.Webb-Stewart@tn.gov">Ronda.Webb-Stewart@tn.gov</a> <a href="mailto:Holt.Whitt@tn.gov">Holt.Whitt@tn.gov</a>

**Revision Type (check all that apply):**

Amendment  
 New  
 Repeal

Content based on previous emergency rule filed on \_\_\_\_\_  
 Content is identical to the emergency rule

**Rule(s)** (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please make sure that ALL new rule and repealed rule numbers are listed in the chart below. Please enter only ONE Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1050-05	General Rules Governing Certified Professional Midwives
Rule Number	Rule Title
1050-05-.01	Definitions
1050-05-.09	Certification Renewal
1050-05-.12	Continuing Education

Place substance of rules and other info here. Please be sure to include a detailed explanation of the changes being made to the listed rule(s). Statutory authority must be given for each rule change. For information on formatting rules go to <https://sos.tn.gov/products/division-publications/rulemaking-guidelines>.

Chapter 1050-05  
General Rules Governing Certified Professional Midwives  
Amendments

Rule 1050-05-.01 Definitions is amended by adding new paragraphs (2), (3), and (7) and renumbering the remaining paragraphs accordingly, so that as amended, the new paragraphs shall read:

- (2) Collaborative Care Plan- A written agreement, between a physician and a midwife in which both parties agree to discuss the care of the midwife's client as stated in "Practice Guidelines" issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010 located at <https://www.tn.gov/health/health-program-areas/health-professional-boards/midwifery-board/midwifery-board/policies-and-practice-guidelines.html>.
- (3) Compensation - a payment, loan, advance, donation, contribution, deposit, gift of money, or anything of value.
- (7) Physician - a person who holds a license in the state of Tennessee to practice either medicine by the state Board of Medical Examiners or to practice osteopathic medicine by the Board of Osteopathic Examination.

Authority: T.C.A. §§ 63-9-101, 63-29-102, 63-29-115, and 63-29-116.

Rule 1050-05-.09 Certification Renewal is amended by deleting paragraph (3) in its entirety and substituting instead the following language, so that as amended, the new paragraph shall read:

- (3) Any renewal application received after the expiration date but before the last day of the month following the expiration date must be accompanied by the late renewal fee provided in Rule 1050-05-.06. There is a 60-day grace period following the expiration date of a professional midwife's certification. Any renewal application received after the expiration date but during the grace period must be accompanied by the late renewal fee provided in Rule 1050-05-.06. Any professional midwife who does not seek inactive status and allows the certificate to expire after the 60-day grace period must apply for a new certificate as outlined in Rule 1050-05-.05.

Authority: T.C.A. §§ 63-9-101, 63-29-111, and 63-29-116.

Rule 1050-05-.12 Continuing Education is amended by deleting the rule title and substituting instead the following language and is further amended by adding new paragraphs (5), (6), (7), (8), (9), (10), (11), (12), and (13), so that as amended, the new title and paragraphs shall read:

1050-05-.12 Responsibilities of Certified Professional Midwife

- (5) The CPM-TN may provide care for the low-risk client who is expected to have a normal pregnancy, labor, birth and postpartum phase in the setting of the mother's choice. The CPM-TN shall establish a collaborative care plan with a physician for all clients. The name and contact information of the physician shall be placed in each client's chart.
- (6) The CPM-TN shall ensure that the client has signed an informed consent form. This form shall include information to inform the client of the qualifications of the CPM-TN. The signed informed consent form shall be placed in each client's chart.
- (7) For screening purposes only, the CPM-TN may order routine antepartum and postpartum laboratory analysis to be performed by a licensed laboratory. Abnormal ultrasound findings as specified in the "Practice Guidelines" issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010 require a consultation with a physician. The "Practice Guidelines" are located at <https://www.tn.gov/health/health-program-areas/health-professional-boards/midwifery-board/midwifery-board/policies-and-practice-guidelines.html>. Written verification of such consultation, including the physician's recommendation, shall be placed in each client's chart.

- (8) The CPM-TN shall develop an emergency plan that shall be signed by the client and placed in the client chart at the initial visit . The CPM-TN shall consult with the physician previously referenced in paragraph (5) of this rule as specified in the "Practice Guidelines" issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010. The "Practice Guidelines" are located at <https://www.tn.gov/health/health-program-areas/health-professional-boards/midwifery-board/midwifery-board/policies-and-practice-guidelines.html>. The emergency plan shall also include referral and transfer plans for the client in the event of an emergency. A copy of the emergency plan shall be sent to the physician with whom the CPM-TN has a collaborative plan in place.
- (9) The CPM-TN shall determine the progress of labor and, when birth is imminent, shall be available until delivery is accomplished.
- (10) The CPM-TN shall remain with the postpartum mother during the postpartum period until the conditions of the mother and the newborn are stabilized. Should an emergency transfer become necessary, the CPM-TN shall notify the hospital named in the emergency plan and provide hospital staff with relevant health information including, but not limited to, labs and ultrasounds and may accompany the mother to the hospital.
- (11) The CPM-TN shall instruct the client regarding the treatment of a newborn's eyes with a prophylaxis to prevent ophthalmia neonatorum or infections leading to blindness, as this is a requirement of Tennessee Code Annotated § 68-5-202. The CPM-TN shall document in the client's chart that such instructions were given.
- (12) The CPM-TN shall instruct the client regarding newborn infant testing for phenylketonuria, hypothyroidism, galactosemia and other metabolic/genetic defects that would result in intellectual disability or physical dysfunction as determined by the department, which is a requirement of Tennessee Code Annotated § 68-5-401. The CPM-TN shall document in the client's chart that such instructions were given.
- (13) The CPM-TN shall maintain a birth certificate for each client's live birth, by submitting certificate information with the Office of Vital Records. Each midwife shall complete the certificate of birth within ten (10) calendar days after the birth. The certificate of birth shall be created in accordance with the provisions of Tenn. Code Annotated Sections 68-3-301 et. seq. The CPM-TN shall enroll in the Tennessee Vital Records Information System Management (VRISM), within the Office of Vital Records, for purposes of registering a certificate of birth. If the CPM-TN is unable to enroll in VRISM, the certificate information may be submitted by completing the certificate process through the Office of Vital Records. The Office of Vital Records retains authority to preserve, issue, modify, and prescribe other means for filing certificates of birth.

Authority: T.C.A. §§ 63-9-101, 63-29-114, 63-29-115, and 63-29-116.

\* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
J. Michael Wieting, D.O.	X				
Shant H. Garabedian, D.O.	X				
Jan Zieren, D.O.	X				
Otis B. Rickman, D.O.	X				
Michael Bernui, D.O.	X				
Penny Grace Judd	X				

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Osteopathic Examination, Council of Certified Professional Midwifery on 11/01/2023, and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 09/07/2023

Rulemaking Hearing(s) Conducted on: (add more dates). 11/01/2023

Date: 3/21/2024

Signature: Ronda Webb-Stewart

Name of Officer: Ronda Webb-Stewart

Title of Officer: Senior Associate Counsel, Department of Health

Agency/Board/Commission: Board of Osteopathic Examination, Council of Certified Professional Midwifery

Rule Chapter Number(s): 1050-05

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

  
Jonathan Skrmetti  
Attorney General and Reporter

Mar. 25, 2024  
Date

**Department of State Use Only**

Filed with the Department of State on: 3/26/2024

Effective on: 6/24/2024

**RECEIVED**

Mar 26 2024, 1:32 pm

Secretary of State  
Division of Publications

  
Tre Hargett  
Secretary of State

## **Public Hearing Comments**

One copy of a document that satisfies T.C.A. § 4-5-222 must accompany the filing.

There were both oral and written comments.

Oral comments:

### **Mary Anne Richardson, Certified Professional Midwife, Tennessee Midwives Association**

Ms. Richardson addressed the written collaborative care plan and desires to maintain the oral language. She explained the uses of the physician, as they are not a backup to the Midwives, or in a supervising position. The physician serves as a consultant and often does not want to be in conjunction with the midwife for insurance purposes. She stated that the profession is critical in rural areas. She expressed there is no difference in expectations for oral/written collaborative care plans.

### **Jennifer R. Fardink, President, Tennessee Midwives Association**

Ms. Fardink discussed the role of midwives and the ante-partum, labor and delivery, and post-partum during a pregnancy. She described the importance of allowing an oral agreement with a consulting physician. She stated that she is consulting with various physicians in different practice areas including pediatricians.

### **Christy Peterson, Nurse Midwife, Tennessee Midwives Association**

Ms. Peterson is a nurse midwife in a joint practice that also employs certified professional midwives. She explained the differences between nurse midwives and CPM and the effect the outline responsibilities of midwives would have on her practice. She stated that if oral agreements are not allowed, some CPMs will not be able to practice due to physicians not wanting written agreements, especially in areas that are rural or not midwife friendly.

Written comments (see attached):

### **Yarnell Beatty, Senior Vice President and General Counsel, Tennessee Medical Association**

This individual provided two letters to the Board. Summarily, the first request was to remove the oral language from the Collaborative Care Plan definition and redefine the definition of physician to include someone with specialized training. The second request removes "unencumbered" from the license definition.

The Board had already made the changes prior to the comment period and did not address these concerns.

## Regulatory Flexibility Addendum

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process, all agencies shall conduct a review of whether a proposed rule or rule affects small business.

**(1) The extent to which the rule or rules may overlap, duplicate, or conflict with other federal, state, and local governmental rules.**

These rule amendments do not overlap, duplicate, or conflict with other federal, state, and local government rules.

**(2) Clarity, conciseness, and lack of ambiguity in the rule or rules.**

These rules amendments establish clarity, conciseness, and lack of ambiguity.

**(3) The establishment of flexible compliance and/or reporting requirements for small businesses.**

These rule amendments do not create any new compliance or reporting requirements.

**(4) The establishment of friendly schedules or deadlines for compliance and/or reporting requirements for small businesses.**

These rule amendments do not create any new compliance or reporting requirements.

**(5) The consolidation or simplification of compliance or reporting requirements for small businesses.**

These rule amendments do not create any new compliance or reporting requirements.

**(6) The establishment of performance standards for small businesses as opposed to design or operational standards required in the proposed rule.**

These rule amendments do not establish performance standards for small businesses as opposed to design or operational standards required for the proposed rule.

**(7) The unnecessary creation of entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.**

These rule amendments do not create unnecessary barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.

### **Impact on Local Governments**

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228, "On any rule and regulation proposed to be promulgated, the proposing agency shall state in a simple declarative sentence, without additional comments on the merits or the policy of the rule or regulation, whether the rule or regulation may have a projected financial impact on local governments. The statement shall describe the financial impact in terms of increase in expenditures or decrease in revenues."

The proposed rule amendments should not have a financial impact on local governments.

## **Additional Information Required by Joint Government Operations Committee**

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

This rule change encompasses numerous modifications to the general rules governing Certified Professional Midwives for Tennessee (CPM-TN). These revisions are designed to clarify rules and update terminology to reflect practice standards for CPM-TN. To begin, three definitions will be added including compensation, collaborative plan, and physician. These definitions create transparency for CPM-TNs and consistency across the profession. Additionally, the Continuing Education section is retitled as Responsibilities for Certified Professional Midwife to further explain the roles of the midwife while administering care in non-emergency and emergency childbirth incidents. This section also refers to the collaborative plans and informed consent of midwife clients that are essential to safe practice in this field. Lastly, the 60- day certification renewal grace period is codified in this rule change. Addressing this gap, the amendment details a streamlined administrative process and ensures that certified professional midwives are renewing timely and efficiently.

A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

Tenn. Code Ann. Section 63-29-116 indicates in part "The board (of osteopathic examination) and department, with assistance and advice from the council, are authorized to promulgate rules and regulations to effectuate the purposes of this chapter."

Tenn. Code Ann. Section 63-29-107 states, "the council shall assist and advise the board and the department in developing rules with guidance from the Midwives Alliance of North America's Core Competencies and not inconsistent with the law. The rules shall include, but not be limited to, the allowable scope of midwifery practice regarding use of equipment, procedures, and administration of medication as prescribed by a physician[.]" Furthermore, subsections (2)(a) and (2)(b), allows that this licensing and regulation be accomplished through the Council making recommendations to the board and the department concerning Certified Professional Midwifery and applications and renewals.

Tenn. Code Ann. Section 63-29-111 states, "Any CPM who does not seek inactive status and allows the certificate to expire after a sixty-day grace period must apply for a new certificate as prescribed in this chapter." The rule clarifies the grace period.

Tenn. Code Ann. Section 63-29-108(a) states, " Except for the American College of Nurse Midwives certified midwives and certified nurse midwives, a certificate under this chapter is required to practice midwifery for monetary compensation in which service has been offered for a fee." The rule packet defines compensation.

Tenn. Code Ann. Section 63-29-115(a) thru (j) lists the duties of a midwife. This statutory section provides the basis and authority for the practice of midwifery. The rule packet memorializes the list of duties and adds clarification in selected areas.

Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

Tennessee certified professional midwives, the Tennessee Midwives Association and the Tennessee Medical Association will be most directly affected by this rule and urge the adoption of these rule changes.

Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule or the necessity to promulgate the rule;

There are no opinions of the attorney general and reporter or any judicial ruling that directly relates to this rule or its necessity.



An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

The fiscal impact is minimal resulting for the promulgation of this rule.

Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Ronda Webb-Stewart, Senior Associate Counsel, Department of Health

Identification of the appropriate agency representative or representatives who will explain the rule at scheduled meeting of the committees;

Ronda Webb-Stewart, Senior Associate Counsel, Department of Health  
Holt Whitt, Assistant Commissioner for Legislative Affairs

Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Department of Health, Office of General Counsel, 665 Mainstream Drive, 2nd Floor, Nashville, TN 37243, 615-741-1611, [Ronda.Webb-Stewart@tn.gov](mailto:Ronda.Webb-Stewart@tn.gov), 710 James Robertson Parkway, Nashville, TN 37243, (615) 741-0948, [Holt.Whitt@tn.gov](mailto:Holt.Whitt@tn.gov)

Any additional information relevant to the rule proposed for continuation that the committee requests;

None.



August 23, 2023

Ronda Webb- Stewart  
Senior Associate Council  
Tennessee Department of Health  
665 Mainstream Drive  
Nashville, TN 37243

**RE: Rulemaking Hearing Notice 3637 Published in the May 1-15, *Tennessee Administrative Register***

Dear Counselor:

Please accept these comments submitted on behalf of the Tennessee Medical Association (TMA) regarding proposed amendment to the rules for certified professional midwives, proposed rules 1050-05-.01, .09, and .12 published in the May 1-15, *Tennessee Administrative Register*. TMA is the largest professional association of physicians in Tennessee. Our membership includes physicians in all medical specialties across the state. Many of our members treat pregnant women and have collaborative care plan agreements with certified professional midwives.

Our first comment addresses the proposed rule amendment to Rule 1050-05-.01(2), definition of "collaborative care plan". TMA requests that the Board and Council amend the proposed rule to read as follows:

(2) Collaborative Care Plan- An written agreement, ~~written or oral~~, between a physician and a midwife in which both parties agree to discuss the care of the midwife's client as stated in "Practice Guidelines" issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010 located at <https://www.tn.gov/health/health-program-areas/health-professional-boards/midwifery-board/midwiferyboard/policies-and-practice-guidelines.html>.

T. C. A. § 63-29-115(a) permits a CPM-TN to "provide care for the low-risk client who is expected to have a normal pregnancy, labor, birth and postpartal phase." Because the client's pregnancy is expected to be low risk and normal, there is no exigency for the CPM-TN to enter into a collaborative care plan with a physician. Therefore, there is plenty of time to reduce an oral plan of care to writing. A written collaborative care plan creates clarity and protects both parties in the event of litigation in which the care plan is at issue. The proposed rules will require that the CPM-TN's informed consent form be in writing; so should the collaborative care plan.

TMA's second comment regards the proposed amendment to Rule 1050-05-.01(7). TMA requests that the Board and Council amend the proposed rule to read as follows:

(7) Physician - a person who holds an unencumbered license ~~in the state of Tennessee to either practice medicine by the state Board of Medical Examiners or to practice osteopathy by the Board of Osteopathic Examination~~ issued pursuant to Tennessee



Code Annotated, Title 63, Chapter 6 or 9 who is specialty trained in obstetrics and gynecology or other medical specialty who routinely provides health care to patients during pregnancy, labor, birth and postpartal phase, and holds current hospital privileges to do so.

The proposed rule would allow a CPM-TN to enter into a collaborative care plan with *any* licensed physician, whether the physician has experience in treating patients and conditions that a CPM-TN is allowed to treat based on their scope of practice. To maximize patient care and safety, the collaboration anticipated by T. C. A. § 63-29-115(a) should be led by a physician with training and experience to give guidance or assume care for the patient, especially if the pregnancy turns high risk or abnormal.

TMA thanks the Board and Council for their consideration of these comments when developing the final rules.

Sincerely,

A handwritten signature in black ink that reads 'Yarnell Beatty'. The signature is written in a cursive style with a prominent 'Y' and 'B'.

Yarnell Beatty  
Senior Vice President and General Counsel



September 28, 2023

Ronda Webb-Stewart  
Senior Associate Council  
Tennessee Department of Health  
665 Mainstream Drive  
Nashville, TN 37243

**RE: Rulemaking Hearing Notice 3719 Published in the September 1-15, 2023 Tennessee Administrative Register**

Dear Counselor:

Please accept these comments submitted on behalf of the Tennessee Medical Association (TMA) regarding proposed amendment to the rules for certified professional midwives, proposed rules 1050-05-.01 published in the September 1-15, *Tennessee Administrative Register*. TMA is the largest professional association of physicians in Tennessee. Our membership includes physicians in all medical specialties across the state. Many of our members treat pregnant women and have collaborative care plan agreements with certified professional midwives.

Our comment addresses the proposed rule amendment to Rule 1050-05-.01(7), definition of “physician”. TMA requests that the Board and Council amend the proposed rule to read as follows:

(7) Physician - a person who holds an ~~unencumbered~~ license in the state of Tennessee to either practice medicine by the state Board of Medical Examiners or to practice osteopathy by the Board of Osteopathic Examination.

T. C. A. § 63-29-102(12), the statutory authority for the definition in rule, defines “physician” as “a person who is duly licensed in the state of Tennessee to practice medicine by the state board of medical examiners or to practice osteopathy by the board.” The definition of “physician” in this statute does not use the modifier “unencumbered” associated with the license.

The term “unencumbered” is not used or defined in either the Midwifery Practice Act, T. C. A. § 63-29-101 *et seq*, or the proposed rule amendments. In its common usage as it applies to professional licensure, “encumbered” refers to a restriction placed by a licensing board on a licensee’s professional license or certificate to practice. The board has the authority to place restrictions on a license; it can “otherwise discipline” a licensee pursuant to T. C. A. § 63-29-114(a)(2). Examples might include probation and restrictions/limitations imposed pursuant to disciplinary orders issued by a board.

One of the encumbrances that the board can place on a license is a restriction on the ability of a physician to enter into collaborative relationships with any CPM-TN. However, the board may choose not to place any restriction on the ability of a physician to enter into a collaborative relationship with a CPM-TN, such as when a board places a licensee on probation for a violation of continuing medical education requirements.

In such a case the imposition of probation would be an encumbrance on a license that would, should the rule be promulgated in its noticed form, automatically disqualify a physician from being able to enter into a collaborative relationship with a CPM-TN. Should TMA's recommended definition be adopted instead, there would be no automatic disqualification. A board would have to specifically impose a limitation on the ability of a physician to enter into a collaborative relationship with a CPM-TN, which might be appropriate if the offense *was* related to the relationship with a CPM-TN. This could easily be accomplished in the phase of disciplinary hearings during which boards receive proposed findings from the parties' counsel. The Office of General Counsel lawyer could make the suggestion of a restriction to the board for its consideration.

Bottom line, leave the discretion whether to place restrictions on the relationship between a physician and a CPM-TN to the licensing board, should it be appropriate based on the specific findings during a disciplinary hearing. TMA's recommended language accomplishes this and more closely aligns with the language of the statute. TMA thanks the Board and Council for their consideration of this comment when developing the final rules.

Sincerely,



Yarnell Beatty  
Senior Vice President and General Counsel

**RULES  
OF  
THE TENNESSEE BOARD OF OSTEOPATHIC EXAMINATION'S  
COUNCIL OF CERTIFIED PROFESSIONAL MIDWIFERY  
DIVISION OF HEALTH RELATED BOARDS**

**CHAPTER 1050-05  
GENERAL RULES GOVERNING CERTIFIED PROFESSIONAL MIDWIVES**

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## 1050-05-.01 DEFINITIONS

As used in this chapter, the following terms and acronyms shall have the following meaning ascribed to them:

- (1) Administrative Office - The office of the administrator assigned to the Board and Council located at 665 Mainstream Drive, Nashville, TN 37243.
- (2) Collaborative Care Plan- A written agreement, between a physician and a midwife in which both parties agree to discuss the care of the midwife's client as stated in "Practice Guidelines" issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010 located at <https://www.tn.gov/health/health-program-areas/health-professional-boards/midwifery-board/midwifery-board/policies-and-practice-guidelines.html>.
- (3) Compensation - a payment, loan, advance, donation, contribution, deposit, gift of money, or anything of value.
- (4)(2) CPR - Cardiopulmonary resuscitation.
- (5)(3) Division - The Division of Health Related Boards, Tennessee Department of Health, from which the Council receives administrative support.
- (6)(4) NARM - The North American Registry of Midwives.
- (7) Physician - a person who holds a license in the state of Tennessee to practice either medicine by the state Board of Medical Examiners or to practice osteopathic medicine by the Board of Osteopathic Examination.

Authority: T.C.A. §§ ~~4-5-202, 4-5-204, 63-9-101, 63-29-102, 63-29-115, 63-29-101 et seq.,~~ and 63-29-116.

## 1050-05-.09 CERTIFICATION RENEWAL

All Professional midwives certified by the Council must renew their certification to be able to continue in practice. Certification renewal is governed by the following:

- (1) The due date for renewal is the last day of the month in which a certificate holder's birth date falls pursuant to the Division of Health Related Board's biennial birth date renewal system.
- (2) Prior to the due date for renewal, certificate holders will have a renewal application form mailed to them at the last address provided by them to the Council. Failure to receive such notification does not relieve the individual of the responsibility of timely meeting all requirements for renewal. To be eligible for renewal a certificate holder must submit to the Division of Health Related Boards on or before the certificate holder's expiration date the following:
  - (a) A completed and signed renewal application form.
  - (b) The renewal and state regulatory fees as provided in Rule 1050-05-.06.
  - (c) Attestation of compliance with NARM continuing education requirements so that current NARM certification in good standing is maintained.
  - (d) Attestation of maintaining current CPR certification, as provided in rule 1050-05-.05.

- (3) Any renewal application received after the expiration date but before the last day of the month following the expiration date must be accompanied by the late renewal fee provided in Rule 1050-05-.06. There is a 60-day grace period following the expiration date of a professional midwife's certification. Any renewal application received after the expiration date but during the grace period must be accompanied by the late renewal fee provided in Rule 1050-05-.06. Any professional midwife who does not seek inactive status and allows the certificate to expire after the 60-day grace period must apply for a new certificate as outlined in Rule 1050-05-.05.
- (4) Any certificate holder who receives notice of failure to timely renew pursuant to rule 1200-10-01-.10, and who, on or before the last day of the second (2nd) month following the month in which the certificate expires, executes and files in the Council's administrative office an affidavit of retirement pursuant to Rule 1050-05-.11 may have their certificate retired effective on their certification expiration date.
- (5) Anyone submitting a signed renewal form, electronically or otherwise, which is found to be fraudulent or untrue may be subject to disciplinary action.
- (6) Any individual who fails to comply with the certificate renewal rules and/or notifications sent to them concerning failure to timely renew shall have their certificate processed pursuant to rule 1200-10-01-.10.
- (7) Certificates processed pursuant to rule 1200-10-01-.10 for failure to renew may be reinstated upon meeting the following conditions:
  - (a) Submit a written request for a Renewal/Reinstatement/Reactivation Application to the Council's Administrative Office; and
  - (b) Complete and submit to the Council's Administrative Office the Renewal/ Reinstatement/ Reactivation Application along with the payment of all past due renewal fees; state regulatory fee and the reinstatement fee provided in rule 1050-05-.06; and
  - (c) Submit any documentation which may be required by the form to the Council's Administrative Office; and
  - (d) If requested, after review by the Council or its duly authorized representative, appear before either the Council for an interview regarding continued competence in the event expiration of certification was in excess of two (2) years or there was receipt of derogatory information or communication during the reinstatement process, and/or be prepared to meet or accept other conditions or restrictions as the Council may deem necessary to protect the public.
  - (e) If certification expiration was in excess of five (5) years, the certificate holder may be required to successfully complete requirements the Council feels necessary to establish current levels of competency.
- (8) Renewal issuance and reinstatement decisions pursuant to this Rule may be made administratively subject to review by the Council, any Council member, or the Council's Designee.

Authority: T.C.A. §§ ~~4-5-202, 4-5-204, 63-1-107,~~ 63-9-101, ~~63-29-101 et seq., 63-29-109,~~ 63-29-111, and 63-29-116.



- (1) To be eligible for renewal of certification the continuing education requirements imposed by NARM must be complied with and attestation of compliance submitted at renewal time.
- (2) Anyone who falsely attests to completion of the required hours of continuing education may be subject to disciplinary action pursuant to Rule 1050-05-.15.
- (3) Anyone who fails to obtain the required continuing education hours may be subject to disciplinary action pursuant to Rule 1050-05-.15 and may not be allowed to renew certification.
- (4) Education hours obtained as a result of compliance with the terms of Council and/or Board Orders in any disciplinary action shall not be credited toward the continuing education hours required to be obtained in any renewal period.
- (5) The CPM-TN may provide care for the low-risk client who is expected to have a normal pregnancy, labor, birth and postpartum phase in the setting of the mother's choice. The CPM-TN shall establish a collaborative care plan with a physician for all clients. The name and contact information of the physician shall be placed in each client's chart.
- (6) The CPM-TN shall ensure that the client has signed an informed consent form. This form shall include information to inform the client of the qualifications of the CPM-TN. The signed informed consent form shall be placed in each client's chart.
- (7) For screening purposes only, the CPM-TN may order routine antepartum and postpartum laboratory analysis to be performed by a licensed laboratory. Abnormal ultrasound findings as specified in the "Practice Guidelines" issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010 require a consultation with a physician. The "Practice Guidelines" are located at <https://www.tn.gov/health/health-program-areas/health-professional-boards/midwifery-board/midwifery-board/policies-and-practice-guidelines.html>. Written verification of such consultation, including the physician's recommendation, shall be placed in each client's chart.
- (8) The CPM-TN shall develop an emergency plan that shall be signed by the client and placed in the client chart at the initial visit. The CPM-TN shall consult with the physician previously referenced in paragraph (5) of this rule as specified in the "Practice Guidelines" issued by the Tennessee Midwives Association on January 22, 2001 and amended on February 8, 2010. The "Practice Guidelines" are located at <https://www.tn.gov/health/health-program-areas/health-professional-boards/midwifery-board/midwifery-board/policies-and-practice-guidelines.html>. The emergency plan shall also include referral and transfer plans for the client in the event of an emergency. A copy of the emergency plan shall be sent to the physician with whom the CPM-TN has a collaborative plan in place.
- (9) The CPM-TN shall determine the progress of labor and, when birth is imminent, shall be available until delivery is accomplished.
- (10) The CPM-TN shall remain with the postpartum mother during the postpartum period until the conditions of the mother and the newborn are stabilized. Should an emergency transfer become necessary, the CPM-TN shall notify the hospital named in the emergency plan and provide hospital staff with relevant health information including, but not limited to, labs and ultrasounds and may accompany the mother to the hospital.
- (11) The CPM-TN shall instruct the client regarding the treatment of a newborn's eyes with a prophylaxis to prevent ophthalmia neonatorum or infections leading to blindness, as this is a requirement of Tennessee Code Annotated § 68-5-202. The CPM-TN shall document in the client's chart that such instructions were given.

- (12) The CPM-TN shall instruct the client regarding newborn infant testing for phenylketonuria, hypothyroidism, galactosemia and other metabolic/genetic defects that would result in intellectual disability or physical dysfunction as determined by the department, which is a requirement of Tennessee Code Annotated § 68-5-401. The CPM-TN shall document in the client's chart that such instructions were given.
- (13) The CPM-TN shall maintain a birth certificate for each client's live birth, by submitting certificate information with the Office of Vital Records. Each midwife shall complete the certificate of birth within ten (10) calendar days after the birth. The certificate of birth shall be created in accordance with the provisions of Tenn. Code Annotated Sections 68-3-301 et. seq. The CPM-TN shall enroll in the Tennessee Vital Records Information System Management (VRISM), within the Office of Vital Records, for purposes of registering a certificate of birth. If the CPM-TN is unable to enroll in VRISM, the certificate information may be submitted by completing the certificate process through the Office of Vital Records. The Office of Vital Records retains authority to preserve, issue, modify, and prescribe other means for filing certificates of birth.

Authority: T.C.A. §§ ~~4-5-202, 4-5-204, 63-9-101, 63-29-101 et seq., 63-29-109~~, 63-29-114, 63-29-115, and 63-29-116.