



FLORIDA | Council of Licensed Midwifery

Draft Meeting Minutes

April 11, 2015 at 9:00 am

Orlando Marriott Lake Mary
1501 International Parkway
Lake Mary, FL 32746

Call to Order:

The meeting was called to order by Ms. Conord-Morrow, Chair, at 9:00 am. Those present for all or part of the meeting included the following:

MEMBERS PRESENT:

Melissa Conord-Morrow, RN, LM, Chair
Dana Barnes, MD
Kathy Bradley, Consumer Member
Robyn Mattox, LM
Tania Mondesir, RN, LM
Robert Pearson-Martinez, MD
David Stewart, MD
Stephanie Wombles, CNM
Charlie Young, LM

MEMBERS ABSENT:

None

STAFF PRESENT:

Christy Robinson, Executive Director
Don Olmstead, Program Operations Administrator
Linda McMullan, Assistant General Counsel
Lucy C. Gee, MS, Director, Division of Medical Quality Assurance
Adrienne Rodgers, Chief, Bureau of Health Care Practitioner Regulation

COURT REPORTER:

American Court Reporting
407-896-1813

Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline.

Welcome from Lucy C. Gee, MS, Director, Division of Medical Quality Assurance

Ms. Gee welcomed the Council and provided opening comments. She outlined the Council's roles and responsibilities and thanked them for their service. She asked that they focus on three specific areas during their discussions: review of all rules to reduce unnecessary regulation,

review and revision of emergency care procedures, and mandatory annual reporting requirements.

Recognition of Former Council Members

Ms. Conord-Morrow recognized Jennifer Joseph, LM, former Council member. Ms. Joseph was presented with a plaque for her service on the Council, as well as a certificate of appreciation from the State Surgeon General.

Char Lynn Daughtry was also recognized with a plaque and certificate of appreciation, but was not present to accept them.

Council member Roles and Responsibilities

Tab 1 - Overview of Roles and Responsibilities of the Council of Licensed Midwifery

Ms. Gee provided this overview during opening remarks.

Rules Review and Discussion

Tab 5 - 64B24-4 Training Programs

Ms. Robinson explained many of the proposed changes were technical in nature and asked for feedback and guidance on curriculum guidelines for the reduced 2-year training programs. She also summarized the remaining changes.

64B24-4.001 – Definitions

64B24-4.007 – Clinical Training

These sections were discussed simultaneously.

Ms. Robinson summarized the proposed changes. There was discussion regarding direct supervision versus indirect supervision. The Council indicated clarification may be needed as to which procedures would require direct supervision and indirect supervision. There was consensus that direct supervision should be required for second and third stage.

There was also a consensus of the Council that the definition of direct supervision should include physical presence. It was suggested that staff obtain information from NARM and MANA on which clinical experiences should be done under direct supervision.

64B24-4.002 – Approval of Training Programs

Jennifer Joseph, LM addressed the Council on the issue of obtaining accreditation. She recommended that provisional approval should be granted for at least 5 years. She explained students can't actually complete the program within the 3 years because of the large number of clinical experiences they must complete. It was also indicated students cannot sit for the licensure examination without having the clinical experiences.

It was the consensus of the Council that the provisional approval term should be 5 years, due to the length of time it takes for students to complete their clinical experiences, which are often done after completion of the didactic portion of the program.

2-Year Reduced Training Program:

Jennifer Joseph, LM suggested obtaining the curriculum guidelines from the Florida Commission on Independent Education. Staff was also asked to obtain information, if possible, from NARM, MANA and ACNM.

64B24-4.003 –Acceptance into Training Program

The Council discussed this section and agreed to leave (2) in the rule.

64B24-4.005 – Faculty

There was discussion about requiring an instructor to have been actively engaging in their practice for the past 4 years. There was also concern that the rule only required one instructor to meet the licensing and practice criteria, while allowing other instructors to have no criteria.

There was also discussion about the possibility of defining active practice for this section.

Staff was asked to obtain information from the Florida Commission on Independent Education and MEAC regarding faculty qualifications.

64B24-4.010 – Four-month Pre-licensure Course

Jennifer Joseph, LM briefly discussed the education equivalence process and the use of the evaluation tool forms. She suggested that individuals who have delivered no babies may need to participate in additional clinical experiences.

There was discussion regarding changing the rule and process to require the educational equivalency prior to acceptance into the 4-month pre-licensure course. It was noted that NARM has specific requirements, including number of clinical experiences, which must be completed prior to admittance to the exam.

Ms. Gee explained the endorsement process for many other professions within her purview. She suggested a potential statutory change to require active practice and completion of a laws and rules exam, in lieu of the 4-month pre-licensure course, for licensure by endorsement.

Staff was asked to see if NARM required active practice to maintain certification.

Break

Tab 8 - 64B24-7 Midwifery Practice

Ms. Conord-Morrow suggested the Council should look at requirement of both annual statistical reports and sentinel reporting.

64B24-7.014 – Records and Reports

Annual Report Discussion:

There was discussion about clarifying the language in (6) so that it included midwives and midwives serving as a preceptor for a student as separate categories in the annual report. There was also much discussion regarding who should be responsible for reporting statistical data in group practices where the patients see multiple midwives. It was suggested that the rule contain language clarifying reporting procedures for group practices.

Ms. McMullen clarified the intent of requiring annual reporting. This included justification of the Council and midwifery licensure, protection of the public, and to provide a picture of the practice for stakeholders and interested parties.

There was discussion regarding whether or not data by county should be required. The Council suggested that there be some outreach and education to licensed midwives explaining the purpose and benefit of annual reports to ease fear and address potential concerns associated with reporting.

Ms. Robinson indicated she would look into the viability of the Department creating an on-line solution for annual reporting. There was also a suggestion that the Department work with MANA to see if they could collect the data for the Council.

Action Taken: Ms. Conord-Morrow moved to require mandatory reporting. The motion was seconded and carried unanimously.

It was suggested that it may be difficult to quantify the number of patients “served” as listed in (c) of the draft language. Clarification or additional definition of this term will be needed to ensure duplicate reporting does not occur.

Council members were asked to review the potential data points provided in the agenda materials and email staff with their preferred data collection points.

The Council discussed immediate reporting for sentinel events. Ms. McMullen indicated she would look into whether or not the Council has statutory authority to require these types of reports.

Break**Emergency Care Plan Discussion:**

Ms. McMullen summarized the statutory provision and draft rule language regarding the emergency care plan.

There was discussion regarding the deadline for completion of the form. There was consensus to change the name of the form to Emergency Care Plan for Delivery. Other changes that need to be made to the form include patient name, information and signature and name and information of pediatrician.

The Council discussed what type of plan should be submitted at initial licensure and renewal, as well as what should be discussed with each patient. There was consensus that the current form should be amended to include the information discussed previously.

There was additional discussion regarding the deadline for completion of the form. It was suggested the deadline be by 36 weeks or at initial consultation, in the event of a late entry to care.

64B24-7.001 – Definitions

There were no major revisions to this section. There is a typographical error in (2) that should be corrected.

64B24-7.004 – Risk Assessment

Staff was asked to research how other states handle risked-out patients that are unable to find care in a timely manner. Staff was also asked to research the source of the risk assessment point system, if possible, and obtain more recent guidelines. It was suggested that length of time to get the patient consult may be a good number to collect as part of the annual report.

Miriam Pearson-Martinez, LM, President of the Midwives Association of Florida, provided comments on the risk assessment scoring system. She indicated that the association was interested in providing suggestions for changes to this rule.

64B24-7.005 – Informed Consent

Ms. Robinson indicated these changes were technical in nature. There was discussion regarding the current form and changes that should be made to it. Council members were asked to send their versions of the form to staff so they can revise the form.

64B24-7.006 – Preparation for Home Delivery

It was suggested that the word “facilities” in (2) be changed to “birth environment”.

64B24-7.007 – Responsibilities of Midwives During the Antepartum Period

There was discussion regarding the requirement of a pelvic exam or pap smear. There were also recommendations that Hepatitis C screening, HSV screening and education on vaccinations be added under (1)(c). It was the consensus of the Council to add “cervical cancer screening, if appropriate”, under section (1)(c).

There was much discussion regarding the tests and procedures that should be offered and required. The Council also discussed offering a waiver to patients who refuse certain procedures or tests. Staff was asked to research the current standards of practice nationally and in other states to assist them in revising the rule. It was suggested that staff also reach out to MANA, NARM and ACNM for information.

Ms. Robinson indicated time would not allow discussion of all the rules and asked if there were any specific rules the Council wanted to discuss.

64B24-7.013 – Requirement for Malpractice Insurance

Ms. McMullen advised the Council that there was no statutory authority for malpractice insurance so the rule was being repealed to comply with the law. There was discussion about whether or not this should be mandated legislatively. Staff was asked to research the cost, market and availability of malpractice insurance.

Ms. Robinson indicated she would provide updates on the progress of the rules and research as frequently as possible. She also indicated that the Council would have to meet more frequently until adoption of these rule changes. Ms. McMullen suggested the Council form subcommittees for specific topics for timeliness and efficiency. Ms. Robinson indicated she would work with the Council on necessary committees and their roles, for discussion at a future meeting.

Tab 2 - 64B24-1 Organization

Item not discussed due to time constraints.

Tab 3 - 64B24-2 Requirements for Licensure

Item not discussed due to time constraints.

Tab 4 - 64B24-3 Fees

Item not discussed due to time constraints.

Tab 6 - 64B24-5 Renewal, Inactive Status, Reactivation

Item not discussed due to time constraints.

Tab 7 - 64B24-6 Continuing Education

Item not discussed due to time constraints.

Tab 9 - 64B24-8 Discipline

Item not discussed due to time constraints.

Tab 10 – Council Forms

Informational item.

Tab 11 – Reference Materials

Informational item.

Discussion Regarding Potential Statutory Changes

Tab 12 – Chapter 467, Florida Statutes

Item not discussed due to time constraints. However, Ms. Robinson she would be putting forth technical changes to the statute.

Election of Vice Chair

Election of Chair – Ms. Robinson explained the necessity of conducting an election for Chair.

Ms. Bradley nominated Ms. Conord-Morrow for chair. Dr. Stewart seconded the motion, which passed unanimously.

Election of Vice Chair - Ms. Bradley nominated Ms. Mattox for vice chair. The motion was seconded the motion, and passed unanimously.

Old Business

New Business

The meeting was adjourned at approximately 5:00pm.