



# OHIO LEGISLATIVE SERVICE COMMISSION

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**To:** The Honorable Riordan McClain,  
The Honorable Melanie Miller,  
The Honorable Scott Oelslager  
Ohio House of Representatives

**From:** Elizabeth Molnar, Attorney *EM*

**Date:** June 25, 2024

**Subject:** Types of midwives and H.B. 545

To assist the House Health Provider Services committee in its consideration of H.B. 545, legislation relating to the practice of midwifery, it was requested that LSC staff describe each of the five types of midwives addressed in the bill – certified nurse-midwives, certified midwives, licensed midwives, certified professional or international midwives, and traditional midwives. The following table responds to that request, highlighting, as outlined in the bill, each type’s education, licensure status, and scope of practice.

Currently, Ohio licenses only certified nurse-midwives, meaning that the other types of midwives addressed by the bill are not explicitly regulated by the state. Of the midwives described below, those without formal education are often referred to as direct-entry midwives or lay midwives. Because this category of midwife is neither regulated by the state nor, in many cases, subject to third-party credentialing, the category’s education, training, and scope of practice may vary, and a unified description is not readily available. It is likely that the bill’s interested parties will assist the committee in explaining these issues.

Topic	Certified nurse-midwife (CNM)	Certified midwife (CM)	Licensed midwife (LM)	Certified professional midwife (CPM) or certified international midwife (CIM)	Traditional midwife (TM)
<b>Education</b>	Under current law, a CNM must (1) be a registered nurse, (2) hold a master's or doctoral degree in a nursing specialty or related field and (3) have completed a course of study in advanced pharmacology ( <i>R.C. 4723.41 and R.C. 4723.482</i> ).	Under the bill, a CM must (1) hold a master's degree or higher, (2) have graduated from a midwifery education program accredited by the Accreditation Commission for Midwifery Education, and (3) have completed a course of study in advanced pharmacology ( <i>R.C. 4723.55</i> ).	Under the bill, an LM must (1) hold a high school degree or equivalent, (2) have completed a course of study in breech births, and (3) have completed a course of study in pharmacology ( <i>R.C. 4724.03</i> ).	Neither CPM nor CIM education is addressed by the bill or current law. Note that, according to the American College of Nurse-Midwives, a CPM enters the profession through various routes, including apprenticeship programs or educational programs accredited by the Midwifery Education Accreditation Council (MEAC). <sup>1</sup>	Neither the bill nor current law addresses TM education, but the bill does specify that a TM enters the profession through an apprenticeship program ( <i>R.C. 4724.01</i> ).
<b>Private certification</b>	Under current law, a CNM must be certified in nurse-midwifery by a national certifying organization approved by the Ohio Board of Nursing ( <i>R.C. 4723.41</i> ).	Under the bill, a CM must be certified by the American Midwifery Certification Board ( <i>R.C. 4723.55</i> ).	Under the bill, an LM must be certified by the North American Registry of Midwives (NARM), International Registry of Midwives (IRM), or another certifying organization approved by the Department of Commerce ( <i>R.C. 4724.03</i> ).	Under the bill, a CPM is defined to mean an individual certified by NARM, and a CIM defined to mean an individual certified by IRM, but neither is a licensed midwife ( <i>R.C. 4724.01</i> ).	Neither the bill nor current law addresses TM certification ( <i>R.C. 4724.01</i> ).
<b>Licensure and regulatory body</b>	Under current law, in order to practice, a CNM must be licensed as an advanced practice registered nurse by the Board of Nursing and designated by the	Under the bill, in order to practice, a CM must be licensed as a certified midwife by the Board of Nursing ( <i>R.C. 4723.56</i> ).	Under the bill, in order to practice and refer to oneself as a licensed midwife, an LM must be licensed by the Department	The bill exempts a CPM and CIM meeting certain conditions from licensure as an LM, while appearing to allow an unlicensed CPM and CIM to engage in many	Under the bill, a TM may practice without holding a license issued by the Board of Nursing or Department of Commerce ( <i>R.C. 4723.54 and</i>

<sup>1</sup> See [midwife.org/Certified-Professional-Midwife](http://midwife.org/Certified-Professional-Midwife).

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	Board as a certified nurse-midwife ( <i>R.C. 4723.41 and 4723.42</i> ).		of Commerce ( <i>R.C. 4724.02 and 4724.04</i> ).	of the same midwifery activities as an LM ( <i>R.C. 4724.02</i> ). The bill does not provide for any state entity to oversee the practice of unlicensed CPMs or CIMs.	<i>4724.02</i> ). The bill does not provide for any state entity to oversee the practice of TMs.
<b>Physician collaboration</b>	Under current law, a CNM must practice (1) in collaboration with a physician who practices in a specialty similar to nurse-midwifery and (2) in accordance with a standard care arrangement entered into with the collaborating physician ( <i>R.C. 4723.431</i> ).	Under the bill, a CM also must practice (1) in collaboration with a physician who practices in a specialty similar to nurse-midwifery and (2) in accordance with a standard care arrangement entered into with the collaborating physician ( <i>R.C. 4723.431 and 4723.57</i> ).	The bill does not generally address the role of a physician in the practice of an LM ( <i>R.C. 4724</i> ).	The bill does not generally address the role of a physician in the practice of a CPM or CIM.	The bill does not generally address the role of a physician in the practice of a TM.
<b>Scope of practice</b>	The bill retains the activities that a CNM may perform under current law, but also specifies that the CNM has the authority to (1) attend births in hospitals, homes, medical offices, and freestanding birthing centers and (2) provide care to normal newborns during the first 28 days of life. It generally maintains existing law prohibiting a CNM from delivering breech or face presentation, but specifies that	The bill permits a CM to engage in certain activities, including the following: <ul style="list-style-type: none"> <li>▪ Providing primary health care services for women, including the independent provision of gynecologic and family planning services, preconception care, and care during pregnancy, childbirth, and the postpartum period;</li> </ul>	The bill permits an LM to engage in certain activities, including: <ul style="list-style-type: none"> <li>▪ Offering care, education, counseling, and support to women and their families during pregnancy, birth, and the postpartum period;</li> <li>▪ Attending births in hospitals, homes, medical offices, and freestanding birthing centers;</li> </ul>	The bill appears to allow a CPM or CIM who is not licensed as an LM to perform many of the same activities as an LM, except that the unlicensed CPM or CIM may not engage in surgical suturing or obtain or administer medications ( <i>R.C. 4724.02</i> ). For more details, you may wish to consult <a href="#">LSC's H.B. 545 As Introduced Bill Analysis</a> .	The bill does not specifically permit or prohibit a TM from engaging in certain midwifery activities. For more details, you may wish to consult <a href="#">LSC's H.B. 545 As Introduced Bill Analysis</a> .

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	<p>a CNM may do so in an emergency or under certain conditions (<i>R.C. 4723.43 and 4723.581</i>).</p>	<ul style="list-style-type: none"> <li>▪ Attending births in hospitals, homes, medical offices, and freestanding birthing centers;</li> <li>▪ Providing care for normal newborns during the first 28 days of life (<i>R.C. 4723.57</i>).</li> </ul> <p>For more details on a CM’s scope of practice, you may wish to consult <a href="#">LSC’s H.B. 545 As Introduced Bill Analysis</a>.</p>	<ul style="list-style-type: none"> <li>▪ Providing ongoing care throughout pregnancy and hands-on care during labor, birth, and the immediate postpartum period;</li> <li>▪ Providing maternal and well-baby care for the six- to eight-week period following delivery (<i>R.C. 4724.05</i>).</li> </ul> <p>The bill also prohibits an LM from doing the following:</p> <ul style="list-style-type: none"> <li>▪ Administering cytotec or oxytocics, including pitocin and methergine, except when indicated during the postpartum period;</li> <li>▪ Using forceps or vacuum extraction to assist with birth;</li> <li>▪ Performing any operative procedures or surgical repairs other than the artificial rupture of membranes,</li> </ul>		

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			<p>episiotomies, first or second degree perineal, vaginal, or labial repairs, clamping or cutting the umbilical cord, and frenotomies (R.C. 4724.05).</p> <p>For more details on an LM's scope of practice, you may wish to consult <a href="#">LSC's H.B. 545 As Introduced Bill Analysis</a>.</p>		
<b>Prescriptive authority</b>	Current law authorizes a CNM to prescribe drugs and devices, including schedule II controlled substances. This prescriptive authority cannot exceed that of the CNM's collaborating physician. A CNM also is prohibited from prescribing any drug or device included on the Board of Nursing's exclusionary formulary (R.C. 4723.481 and 4723.50). Under existing law, the formulary is prohibited from permitting the prescribing or furnishing of a drug to perform or induce an abortion.	Under the bill, a CM's prescriptive authority is the same as a CNM's (R.C. 4723.481 and 4723.50).	The bill does not grant an LM prescriptive authority (R.C. 4724).	The bill does not grant a CPM or CIM prescriptive authority (R.C. 4724).	The bill does not grant a TM prescriptive authority.

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<b>Medication administration</b>	Under current law, because a CNM also is a registered nurse, the CNM is specifically authorized to administer medications ( <i>R.C. 4723.01</i> ).	The bill does not specifically authorize a CM to administer medications ( <i>R.C. 4723.57</i> ).	The bill authorizes an LM to obtain and administer certain medications ( <i>R.C. 4724.05</i> ). For more details on the medications that may be obtained and administered you may wish to consult <a href="#">LSC's H.B. 545 As Introduced Bill Analysis</a> .	The bill prohibits a CPM or CIM who is not licensed as an LM from obtaining and administering medications ( <i>R.C. 4724.02</i> ).	The bill does not address the authority of a TM to obtain and administer medications.