

From: [Reese, Abigail, DOH](#)
To: [Apodaca, Sheila, DOH](#)
Cc: [Washburn, Ann, DOH](#); [Nardini, Katrina, DOH](#); [Karen M. Brown](#)
Subject: FW: [EXTERNAL] Re: Rule Hearing on Licensed Midwives [16.11.3 NMAC]
Date: Thursday, November 4, 2021 10:55:52 AM
Attachments: [image005.png](#)
[image006.png](#)
[image004.png](#)
[image003.png](#)

Additional public comment for the record.

Thank you, Karen!
Abby

From: Karen M. Brown <kmbrown@gmail.com>
Sent: Thursday, November 4, 2021 10:52 AM
To: Reese, Abigail, DOH <Abigail.Reese@state.nm.us>
Subject: [EXTERNAL] Re: Rule Hearing on Licensed Midwives [16.11.3 NMAC]

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

In case it is helpful, I looked up the statutes relative to stillbirth. They are in NMSA 24-14-22 and pertain to fetuses at least 20 weeks gestation or if GA unknown that weigh at least 350 g.

It seems that very early and early intrauterine fetal demises could potentially be included by the Rule's requirement, but the 20wk+ / 350+ g babies are already required to be reported to the vital stats. I don't know what the goal is in requiring LMs to report IUFDs, but aligning the Rule with the statute and mentioning the statute in the Rule seems important.

In addition, I'm thinking of cases where an individual stops care with an LM and then experiences a fetal or a neonatal death. If a pregnant person received a majority of their antenatal care with the LM, but left the practice and the LM is no longer tracking their outcome, will the LM be censured if they do not report the outcome to the DOH and their connection is discovered in the reporting process by another entity?

Thank you for fielding and passing along all the written public comments, Abby.

Take care,
Karen

On Thu, Sep 30, 2021 at 16:42 Karen M. Brown <kmbrown@gmail.com> wrote:

Oops! And:

11) 16.11.3.14 Subsection G: stillbirth is not technically a neonatal mortality. Clarify this subsection to require reporting pregnancy loss after (what is the statute requirement?) weeks gestation or to require pregnancy loss after labor onset and before birth?

On Thu, Sep 30, 2021 at 4:35 PM Karen M. Brown <kmbrown@gmail.com> wrote:

Thanks, Abby! Below are my comments and questions on the proposed Rule. Some are more general curiosity rather than formal contributions. Let me know please if you intended formal comments to be sent to you.

I am also attaching a PDF of the proposed Rule that I annotated with some issues I noticed. Feel free to share that with whomever may be more appropriate to share this with.

Cheers,
Karen

1) Definition of "permitting period" and content of 16.11.3.9.2: The given definition (3 year period) doesn't directly equate to what is written in the proposed rule for apprentice midwife permits in 16.11.3.9 Subsection B. The way subsection B is currently written, an apprentice midwife permit appears to be valid for 6 years from the date it is issued. There is no definitive statement in the subsection stating the length of time the apprentice midwife permit is issued for before a renewal would be required if extension is needed. The definition or relevant Rule language could be changed to reflect the permitting period of each type of midwifery learning permit.

2) There is no definition of what constitutes a "voluntarily lapsed permit" for a late reapplication process. There is a clear statement of what a lapsed license is. It would be nice to clarify for permits. If permits can be "reactivated" after a "voluntary lapse", should there be a statement about the permit issued being the same number or whatever unique designator is given on the original permit?

- 3) Does there need to be a statement about reciprocity in other jurisdictions for midwifery learning permits?
- 4) Re disciplinary action and scope of practice (16.11.3.11 Subsection A.2.m): Does this limit anyone who holds dual or more licensure as an LM and other type of licensed practitioner in NM to LM scope of practice only?
- 5) Does the disciplinary action re delegation of medication (16.11.3.11 Subsection A.2.n) limit any NM LMs acting as a qualified preceptor or instructor for students or apprentices who are not caring for New Mexico residents?
- 6) Re the term "patient" in [16.11.3.11](#): it is undefined in this rule. Does the term need to be defined or removed or clarified in this section?
- 7) Is it typical for health care providers in any jurisdiction of any type to have to self-report to their licensing body when a complaint has been made against their practice? Does this include cases of formal complaints being made against them directly with the DOH, for example, but not made to the practitioner themselves (in which case DOH already knows about it)?
- 8) Do physicians need to "tattle" on their peers as midwives are asked to do (16.11.3.11 Subsection A.10)?
- 9) The LM practice guidelines (at least the most recent version prior to the split that is happening) include well woman/person care, including for menarchal adolescents through menopausal adults. The Rule states in 16.11.3.14 Subsection A that LMs can independently care for antepartum (so pregnant), intrapartum (so having had at least one pregnancy already), and postpartum (again at least one pregnancy in their history) people and does not include adolescents. Do LMs currently want to have non-pregnant adolescents or adults without a history of pregnancy added to their scope of practice?
- 10) Regarding the Advisory Board term limits (16.3.11.15 Subsection C): Does the statement, "They shall not serve for more than two consecutive terms", limit the number of terms that are non-consecutive that an individual might serve? (Am I overthinking this?)

On Wed, Sep 29, 2021 at 1:03 PM Reese, Abigail, DOH <Abigail.Reese@state.nm.us> wrote:

Thanks so much for sharing these, Katrina!

I just realized that a redlined version is also available here: [TITLE 16 \(nmhealth.org\)](https://www.nmhealth.org)

Questions or comments may be submitted directly to me via email and will compiled for formal consideration.

Thanks,
Abby

Abigail Reese, PhD, CNM
Maternal Health Program Manager
(she/her/hers)



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From: Nardini, Katrina, DOH <Katrina.Nardini@state.nm.us>

Sent: Wednesday, September 29, 2021 12:52 PM

To: Reese, Abigail, DOH <Abigail.Reese@state.nm.us>; carapachay@yahoo.com; feortiz@salud.unm.edu; Kellydarshan@gmail.com; kpaisley@salud.unm.edu; Krystal Cenicerros <kaheaa@gmail.com>; highdesertmidwives@gmail.com; Midwives NM <midwivesnm@gmail.com>; kmbrown@gmail.com; Rotunno, Javier, DOH <Javier.Rotunno@state.nm.us>; Reese, Abigail, DOH <Abigail.Reese@state.nm.us>; Catherine Lukes <catherinelukes@gmail.com>; cbbettler@gmail.com; jwest959@gmail.com; kknauber@gmail.com; polklaney@gmail.com; connie@rezo.net; monica.nmbtf@gmail.com; speterson.doc@gmail.com; Rotunno, Javier, DOH <Javier.Rotunno@state.nm.us>

Subject: Fw: Rule Hearing on Licensed Midwives [16.11.3 NMAC]

LM and CNM Board members,

Just making both groups aware that the LM Rule changes have been suggested and the Rule Hearing date has been set for Nov 4th. Now is the open time for comments (prior to the hearing, of which comments will be heard in person as well), so please take a look at the attachments.

Thanks!

Katrina

Katrina Nardini, CNM, WHNP-BC, MPH (she/her)
CNM Consultant
Maternal Health Program
New Mexico Department of Health