



# RULE-MAKING ORDER PERMANENT RULE ONLY

## CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

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STATE OF WASHINGTON  
FILED

DATE: June 10, 2022

TIME: 12:09 PM

WSR 22-13-079

**Agency:** Department of Health

**Effective date of rule:**

**Permanent Rules**

- 31 days after filing.
- Other (specify) (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- Yes  No If Yes, explain:

**Purpose:** WAC 246-834-050, 246-834-060, 246-834-160, 246-834-250, 246-834-370 Midwifery. The Department of Health (department) is adopting amendments to existing sections of midwifery rules that modernize application requirements, remove the HIV/AIDS training requirement, update the legend drugs and devices section, and clarify language for data submission renewal requirements. The adopted amendments benefit licensed midwives and the community by: Modernizing licensing requirements by clarifying that the department may waive exam requirements through rulemaking, and removing the specific HIV/AIDS training requirement per change in statute; Updating the legend drugs and devices section to include nasal swabs for testing, the use of limited ultrasounds, and intravenous tranexamic to increase patient safety; and Clarifying data submission renewal requirements.

**Citation of rules affected by this order:**

New: None  
 Repealed: None  
 Amended: WAC 246-834-050; 246-834-060; 246-834-160; 246-834-250; 246-834-370  
 Suspended: None

**Statutory authority for adoption:** RCW 18.50.135, 18.50.115 and 18.50.060

**Other authority:** Engrossed Substitute House Bill (ESHB) 1551, Chapter 76, Laws of 2020

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 22-07-026 on 03/10/2022 (date).  
 Describe any changes other than editing from proposed to adopted version: A minor addition was made to clarify the correct and full name of a drug added to the legend drug and devices section as a result of suggestions received during the public comment period as well as an internal review. Previous language said "intravenous tranexamic" and was changed to say "intravenous tranexamic acid."

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

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**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Federal rules or standards:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Recently enacted state statutes:	New	<u>0</u>	Amended	<u>1</u>	Repealed	<u>0</u>

**The number of sections adopted at the request of a nongovernmental entity:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted in the agency's own initiative:**

New	<u>0</u>	Amended	<u>4</u>	Repealed	<u>0</u>
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
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**The number of sections adopted using:**

Negotiated rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Pilot rule making:	New	<u>0</u>	Amended	<u>0</u>	Repealed	<u>0</u>
Other alternative rule making:	New	<u>0</u>	Amended	<u>5</u>	Repealed	<u>0</u>

**Date Adopted:** 06/10/2022

**Name:** Kristin Peterson, JD for Umair A. Shah, MD, MPH

**Title:** Deputy Secretary, Policy, and Planning for Secretary of Health

**Signature:**



AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

**WAC 246-834-050 Examination requirements for licensure as a midwife.** (1) An applicant for midwifery licensure shall successfully pass:

~~((1))~~ (a) The midwifery examination offered by the North American Registry of Midwives (NARM);

~~((2))~~ (b) The Washington state licensure examination with a minimum passing score of ~~((eighty))~~ 80; and

~~((3))~~ (c) The midwifery jurisprudence examination with a passing score of ~~((one-hundred))~~ 100 percent, as offered by the department.

(2) The secretary may, by rule, revise examination requirements if necessary, for good cause.

AMENDATORY SECTION (Amending WSR 19-15-005, filed 7/5/19, effective 8/5/19)

**WAC 246-834-060 Initial application requirements for licensure as a midwife.** (1) An applicant for a midwife license shall submit to the department the following:

(a) Initial application on forms provided by the department.

(b) Fees required in WAC 246-834-990.

(c) Proof of high school graduation, or its equivalent.

(d) Proof of at least three years of midwifery training, per RCW 18.50.040 (2)(a), unless the applicant qualifies for a reduced academic period.

~~(e) ((Proof of completion of seven clock hours of HIV/AIDS education as required in chapter 246-12 WAC, Part 8.~~

~~(f))~~ Proof of successful completion of the midwifery jurisprudence exam, as ~~((offered by the department))~~ required in WAC 246-834-050.

(2) In addition to the requirements in subsection (1) of this section, an applicant for a midwife license shall also:

(a) Have transcripts sent directly to the department from the applicant's midwifery school demonstrating that the applicant has received a certificate or diploma in midwifery. An applicant applying under WAC 246-834-065 or 246-834-066 may be exempted from this requirement.

(b) Have verification of passing the North American Registry of Midwives (NARM) examination as required in WAC 246-834-050. Results must be sent directly to the department from NARM.

(3) Once all application requirements in this section are met, and additional requirements in WAC 246-834-065 or 246-834-066 if applicable, the department will schedule the applicant for the Washington state ~~((specific component))~~ licensing exam as required in WAC 246-834-050.

AMENDATORY SECTION (Amending WSR 17-15-024, filed 7/7/17, effective 8/7/17)

**WAC 246-834-160 Student midwife permit.** (1) A student midwife permit may be issued to any individual who has:

(a) Successfully completed an accredited midwifery program as specified in WAC 246-834-135, or is foreign trained as specified in WAC 246-834-065(1);

(b) Obtained a minimum period of midwifery training of at least three academic years as required by WAC 246-834-140;

(c) Met the minimum education requirements required in WAC 246-834-140 (2)(a) and (b);

(d) Documentation of undertaking the care of not less than ~~((fif-  
ty))~~ 50 women in each of the prenatal, intrapartum and early postpartum periods as required by RCW 18.50.040 (2)(c);

(e) Satisfactorily completed the NARM examination required by WAC 246-834-050; and

(f) Filed a completed application for student midwife permit under WAC 246-834-060 and accompanied by a nonrefundable fee as specified in WAC 246-834-990.

(2) The student midwife permit authorizes the individuals to practice and observe women in the intrapartum period under the supervision of a licensed midwife under 18.50 RCW, an allopathic physician under chapter 18.71 RCW, an osteopathic physician under chapter 18.57 RCW or certified nurse midwife under chapter 18.79 RCW.

(3) Once all application requirements including clinical components are completed the applicant may be eligible to sit for the Washington state licensure examination as required in WAC 246-834-050.

AMENDATORY SECTION (Amending WSR 19-15-005, filed 7/5/19, effective 8/5/19)

**WAC 246-834-250 Legend drugs and devices.** A licensed midwife shall have a procedure, policy or guideline for the use of each legend drug and device. A midwife may not administer a legend drug or use a legend device for which they are not qualified by education, training, and experience.

(1) A licensed ~~((midwives))~~ midwife may purchase and use legend drugs and devices as follows:

(a) Dopplers, syringes, needles, phlebotomy equipment, sutures, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitors, tocodynamometer monitors, oxygen and associated equipment, glucose monitoring systems and testing strips, neonatal pulse oximetry equipment, hearing screening equipment, ~~((and))~~ centrifuges, and nasopharyngeal or nasal swabs for appropriate testing;

(b) Nitrous oxide as an analgesic, self-administered inhalant in a 50 percent blend with oxygen, and associated equipment, including a scavenging system;

(c) Ultrasound machine used in the real time ultrasound of pregnant uterus for the confirmation of viability, first trimester dating, third trimester presentation, placental location, and amniotic fluid assessment; and

(d) Neonatal and adult resuscitation equipment and medication, including airway devices and epinephrine for neonates.

(2) Pharmacies may issue breast pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, glucometers and testing strips, iron supplements, prenatal vitamins, and recommended vaccines as specified in subsection (3)(e) through (j) of this section ordered by licensed midwives.

(3) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho (D) immune globulin, and local anesthetic medications as listed in RCW 18.50.115, licensed midwives may obtain and administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 0.9% sodium chloride;

(b) Sterile water for intradermal injections for pain relief;

(c) Magnesium sulfate for prevention of maternal seizures pending transport;

(d) Epinephrine for use in maternal anaphylaxis and resuscitation and neonatal resuscitation, pending transport;

(e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women;

(f) Tetanus, diphtheria, acellular pertussis (Tdap) vaccine for use in pregnancy;

(g) Hepatitis B (HBV) birth dose for any newborn administration;

(h) HBIG and HBV for any neonates born to hepatitis B+ mothers;

(i) Influenza vaccine for use in pregnancy;

(j) Any vaccines recommended by the CDC advisory committee on immunization practices for pregnant or postpartum people or infants in the first two weeks after birth, as it existed on the effective date of this section;

(k) Terbutaline to temporarily decrease contractions pending emergent intrapartum transport;

(l) Antibiotics for intrapartum prophylaxis of Group B beta hemolytic Streptococcus (GBS) per current CDC guidelines; and

(m) Antihemorrhagic drugs to control postpartum hemorrhage including, but not limited to, intravenous tranexamic acid, oxytocin, misoprostol, methylergonovine maleate (oral or intramuscular), and prostaglandin F2 alpha.

(4) The client's records must contain documentation of all medications administered.

~~((5) The midwife must have a procedure, policy or guideline for the use of each drug and device. A midwife may not administer a legend drug or use a legend device for which he or she is not qualified by education, training, and experience.))~~

AMENDATORY SECTION (Amending WSR 15-24-092, filed 11/30/15, effective 12/31/15)

**WAC 246-834-370 Data submission.** (1) As a condition of renewing a license, a licensed midwife shall report data on all courses of care for every mother and newborn under the midwife's care to a national or state research organization approved by the department. If the mother declines to participate in the collection of data, the midwife shall follow the protocol of the approved national or state research organization.

(2) The licensed midwife shall verify compliance by submitting an attestation to the department annually with the license renewal. For good cause, the secretary may waive reporting requirements.

(3) For auditing purposes, written confirmation of full participation in data collection from the approved state or national research organization shall suffice.

(4) The midwife must keep her/his data and participation records; data and participation records will not be submitted directly to the department.