

Michigan Office of Administrative Hearings and Rules

Administrative Rules Division (ARD)

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**REGULATORY IMPACT STATEMENT
and COST-BENEFIT ANALYSIS (RIS)**

Agency Information:

Department name:

Licensing and Regulatory Affairs

Bureau name:

Bureau of Professional Licensing

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Rule Set Information:

ARD assigned rule set number:

2023-31 LR

Title of proposed rule set:

Board of Midwifery

Comparison of Rule(s) to Federal/State/Association Standard

1. Compare the proposed rules to parallel federal rules or standards set by a state or national licensing agency or accreditation association, if any exist.

Each state establishes its own requirements with respect to licensed midwives, so there are no federal rules or standards set by a state or national licensing agency or accreditation association that the proposed rules can exceed.

A. Are these rules required by state law or federal mandate?

The rules are not federally mandated. The following state laws require rules:

MCL 333.16148 requires training standards for identifying victims of human trafficking.

MCL 333.16204 states that if a board requires completion of continuing education as a condition for renewal, it shall require an appropriate number of hours or courses in pain and symptom management.

MCL 333.16287 states that the department, in consultation with the board, shall promulgate rules to implement sections 16284 and 16285; and Part 171 of the Public Health Code, MCL 333.17101 to MCL 333.17123, establishes the formation of the Michigan Board of Midwifery and requires the board to enact rules.

MCL 333.17107 requires the board to promulgate rules requiring a midwife to report a patient's data to the MANA Statistical Registry maintained by the Midwives Alliance of North America, or a similar registry maintained by a successor organization approve by the board, unless the patient refuses to consent to the reporting of the data.

MCL 333.17111 requires the department, in consultation with the board, to promulgate rules concerning the administration prophylactic vitamin k to a newborn; antihemorrhagic agents to a postpartum mother after the birth of a baby; local anesthetic for laceration repair to a mother; oxygen to a mother or newborn; prophylactic eye agent to a newborn; prophylactic Rho(D) immunoglobulin to a mother; agents for group B streptococcus prophylaxis, recommended by the federal centers for disease control and prevention, to a mother; intravenous fluids, excluding blood products, to a mother; any other drug or medication prescribed by a health care provider with prescriptive authority that is consistent with the scope of practice of midwifery and is authorized by the board by rule.

MCL 333.17112 requires the department to promulgate rules that include standards for the delineation of findings that preclude a woman or a newborn from being classified as having a normal pregnancy, labor, delivery, postpartum period, or newborn period. In promulgating the rules, the department shall consider any data, views, questions, and arguments submitted by the Michigan boards of licensed midwifery, medicine, and osteopathic medicine and surgery.

MCL 333.17117 requires the department, in consultation with the board, to promulgate rules to establish and implement the licensure program for the practice of midwifery; require the completion of continuing education for the practice of midwifery as a condition for license renewal and allow proof of a current certified midwife professional credential from the NARM or an equivalent credential from a credentialing program approved by the board to meet the continuing education requirements; describe and regulate, limit, or prohibit the performance of acts, tasks, or functions by midwives, including rules regarding the referral to and consultation with appropriate health professionals in conformance with national standards for the practice of midwifery; establish the process by which informed consent is obtained and ensure that the process conforms to national standards and requires at least that a midwife must provide a copy of the rules at the inception of care for a client and discloses orally and in writing whether the midwife has malpractice liability insurance and, if so, the policy limitations of the coverage; establish the duties a midwife must perform if an emergency transfer to a hospital if necessary, in conformance with nationally recognized guidelines on safe transfers, for the purposes of establishing protocols for transfer of care.

B. If these rules exceed a federal standard, please identify the federal standard or citation, describe why it is necessary that the proposed rules exceed the federal standard or law, and specify the costs and benefits arising out of the deviation.

The proposed rules do not exceed a federal standard.

2. Compare the proposed rules to standards in similarly situated states, based on geographic location, topography, natural resources, commonalities, or economic similarities.

Each state is responsible for implementing its own laws and rules pertaining to licensed midwives.

In Indiana, Minnesota, New York, and Wisconsin midwives are licensed as independent licensed midwives.

In order to be licensed as a midwife in Indiana, an applicant must submit: a Certified Professional Midwife (CPM) credential from the NARM, proof of education, cardiopulmonary resuscitation (CPR) card, American Academy of Pediatrics certificate showing completion of a program in neonatal resuscitation, affidavits documenting observation and attendance at births, proof of passing an emergency skills training course, proof of liability insurance, a collaborative practice agreement, and a criminal background check. A licensed midwife must work pursuant to a collaborative agreement with a physician holding an unrestricted license to practice medicine in Indiana.

In Minnesota, an applicant must submit proof of having graduated from an approved education program or apprenticeship, a certificate as a CPM by NARM, certification by the American Heart Association (AHA) or the American Red Cross in CPR for adults and infants, a medical consultation plan, and the required practical experience.

In New York, an applicant must submit proof of education and have passed the American Midwifery Certification Board (AMCB) examination. A midwife must have a collaborative relationship with a licensed physician who is board certified as an obstetrician-gynecologist, or who practices obstetrics and has privileges at a hospital, or with a hospital licensed under the state that provides obstetrics through a licensed physician.

Illinois passed legislation to allow a licensing process for a midwife, which requires a midwife certification from the NARM, as well as a post-secondary midwifery education program. If a midwifery education program has not been completed by an applicant, but the applicant holds a certification from the NARM, the applicant may be licensed through an alternate path. The new process took effect in 2022.

In Wisconsin, an applicant is required to provide a certification from NARM or the American College of Nurse Midwives, submit certification in CPR, obtain certification for use of an automated external defibrillator, and background information.

In Ohio and Pennsylvania, there is no licensure process for licensed midwives.

The proposed amendments to the licensure rules include a clarification that proof of completion of human trafficking training is required for an application for initial licensure. The other proposed amendments to the licensure rules do not substantively change the requirements for licensure as a licensed midwife in Michigan.

A. If the rules exceed standards in those states, please explain why and specify the costs and benefits arising out of the deviation.

The proposed rules do not exceed standards in other Great Lakes states that license midwives. Similar to Illinois, Indiana, Minnesota, New York, and Wisconsin, the proposed rules provide a licensure process for licensed midwives, and a renewal process with continuing education.

3. Identify any laws, rules, and other legal requirements that may duplicate, overlap, or conflict with the proposed rules.

There are no other laws, rules, or other legal requirements that duplicate, overlap, or conflict with the proposed rules.

A. Explain how the rules have been coordinated, to the extent practicable, with other federal, state, and local laws applicable to the same activity or subject matter. This section should include a discussion of the efforts undertaken by the agency to avoid or minimize duplication.

There are no other laws, rules, or other legal requirements that duplicate, overlap, or conflict with the proposed rules.

Purpose and Objectives of the Rule(s)

4. Identify the behavior and frequency of behavior that the proposed rules are designed to alter.

The proposed rules include changes to conform with stylistic drafting updates throughout the set, including defining acronyms used throughout the set in R 338.17101 and R 338.17131. Additionally, content in R 338.17111, pertaining to mandating the training to identify victims of human trafficking, will be removed as this requirement has sunset.

R 338.17131 Administration of prescription drugs or medications: The proposed rule change will allow the administration of Tranexamic Acid (TXA) by intravenous piggyback or intravenous push, allow the administration of ibuprofen, and update the dosage of vitamin K and epinephrine and the routes of administration and duration for epinephrine. The proposed changes to the formulary are to align with what licensed midwives would normally use in practice. Duplicate formulary information is proposed to be deleted to improve clarity.

R 338.17139 Telehealth: This new rule is added to the set to comply with MCL 333.16284 and MCL 333.16287. It sets forth the requirements for telehealth services. The rule addition supplies conditions related to patient consent, recordkeeping, compliance with scope of practice, and standard of care.

Lastly, the department will be transitioning this profession from a 2-year license cycle to a 3-year license cycle. The content in Part 5 License Renewal and Continuing Education is modified to accommodate the lengthier cycle.

A. Estimate the change in the frequency of the targeted behavior expected from the proposed rules.

The majority of the edits in this set were made to align the rules with current drafting standards to provide clarity.

Licensed midwives are permitted by rule to administer some prescription drugs or medications. The proposed rule changes will add TXA by intravenous piggyback or intravenous push to the formulary to allow this route of administration for treatment of postpartum hemorrhage; add oral ibuprofen to reduce postpartum discomfort, update the dosage for vitamin K for prophylaxis and therapy of hemorrhagic disease of the newborn; update the dosage for epinephrine and permit its administration via the interosseous route for neonatal resuscitation.

The proposed edits to Part 4. Practice, Conduct, Classification of Conditions were made to add a rule regarding telehealth to comply with MCL 333.16284 and MCL 333.16287. The rule sets forth the requirements for patient consent, recordkeeping, compliance with scope of practice, and standard of care so that licensees understand these parameters of providing care in this format.

Lastly, the proposed edits to Part 5. License Renewal and Continuing Education were made to accommodate a 3-year license cycle and to clarify the number of continuing education hours that must be completed.

B. Describe the difference between current behavior/practice and desired behavior/practice.

The difference between the current behavior/practice and the desired behavior/ practice is that a licensed midwife will be able to administer TXA by intravenous piggyback or intravenous push to assist with a postpartum hemorrhage, to administer oral ibuprofen to reduce postpartum discomfort, and to administer epinephrine via the intraosseous route for neonatal resuscitation. The dosage for vitamin K and the dosage and duration for epinephrine will also be updated.

Additionally, the addition of the telehealth rule will enable the licensee to understand the parameters of providing telehealth services.

Lastly, the continuing education section has been edited to incorporate the transition of the profession's licensure cycle from 2 years to 3 years.

C. What is the desired outcome?

Regulation is necessary for individuals who wish to practice as licensed midwives. By improving and clarifying the rules, applicants and licensees should find compliance easier. This should result in fewer questions, fewer regulatory problems, and greater safety and protection of the public.

5. Identify the harm resulting from the behavior that the proposed rules are designed to alter and the likelihood that the harm will occur in the absence of the rule.

The proposed rule set updates the previously adopted rules. Specifically, changes include the following:

R 338.17137 pertains to the administration of prescription drugs by a licensed midwife. The harm occurring is that the existing rule does not authorize a licensed midwife to administer TXA by both intravenous piggyback and intravenous push to treat postpartum hemorrhage, to use the interosseous route to administer epinephrine for neonatal resuscitation, and to administer ibuprofen for postpartum discomfort. Further, the dosages for vitamin K and the dosage and duration information for epinephrine need to be updated. Finally, there is redundant information in the rule that could potentially cause confusion if not removed.

R 338.17129 pertains to telehealth. The harm occurring is the lack of information about the conditions related to consent, scope of practice, and standard of care for supplying telehealth services. There is the possibility of harm to the patient without information about the conditions related to consent, scope of practice, and standard of care for supplying telehealth services.

R 338.17141 pertains to license renewals. The license renewal cycle will be changing from 2 years to 3 years under a different rule set. Harm will likely occur if this rule is not updated to clarify the renewal requirements for the 3-year cycle length, because the contradictory rule sets will be confusing to licensees and difficult for department staff to enforce. Also, the current rule requires continuing education on cultural awareness that includes examination of disparate maternal infant mortality and morbidity experienced by African American and Indigenous populations. The proposed changes will expand the cultural awareness continuing education requirement to include the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community and other vulnerable and marginalized populations in order to reduce harmful disparate maternal infant mortality and morbidity to patients in those groups.

A. What is the rationale for changing the rules instead of leaving them as currently written?

The rationale for changing the rules is to ensure that the rule set complies with current drafting standards for ease of understanding, allow the administration of TXA in a form that can treat a postpartum hemorrhage and oral ibuprofen to reduce postpartum discomfort, update the dosages for vitamin K and epinephrine, update the routes of administration and duration for epinephrine, include parameters for the provision of telehealth services, and provide current continuing education requirements in light of the change to the license cycle.

6. Describe how the proposed rules protect the health, safety, and welfare of Michigan citizens while promoting a regulatory environment in Michigan that is the least burdensome alternative for those required to comply.

The proposed rules will promote health, safety, and welfare of Michigan citizens by creating a rule set using current drafting standards to allow clear understanding of the rule content; allow the administration of TXA in a form that can treat a postpartum hemorrhage and oral ibuprofen to reduce postpartum discomfort; update the dosages for vitamin K and epinephrine, update the routes of administration and duration for epinephrine; include parameters for the provision of telehealth services; and provide current continuing education requirements in light of the change to the license cycle.

7. Describe any rules in the affected rule set that are obsolete or unnecessary and can be rescinded.

There are no rules in this rule set that are obsolete or unnecessary and can be rescinded.

Fiscal Impact on the Agency

Fiscal impact is an increase or decrease in expenditures from the current level of expenditures, i.e. hiring additional staff, higher contract costs, programming costs, changes in reimbursements rates, etc. over and above what is currently expended for that function. It does not include more intangible costs for benefits, such as opportunity costs, the value of time saved or lost, etc., unless those issues result in a measurable impact on expenditures.

8. Please provide the fiscal impact on the agency (an estimate of the cost of rule imposition or potential savings for the agency promulgating the rule).

The proposed rules are not expected to have a fiscal impact on the agency.

9. Describe whether or not an agency appropriation has been made or a funding source provided for any expenditures associated with the proposed rules.

No agency appropriation has been made nor has a funding source been provided for expenditures associated with the proposed rules.

10. Describe how the proposed rules are necessary and suitable to accomplish their purpose, in relationship to the burden(s) the rules place on individuals. Burdens may include fiscal or administrative burdens, or duplicative acts.

The proposed rule changes are necessary to update the set to current drafting standards to allow clear understanding of the rule content, allow the administration of a TXA in a form that can treat a postpartum hemorrhage and oral ibuprofen to treat postpartum discomfort; update the dosages for vitamin K and epinephrine; update the routes of administration and duration for epinephrine; provide parameters for the provision of telehealth services; and update the continuing education requirements in light of the change to the license cycle. These changes do not create any additional burden, fiscal or administrative, on the licensees.

A. Despite the identified burden(s), identify how the requirements in the rules are still needed and reasonable compared to the burdens.

The changes do not create any additional burden, fiscal or administrative, on the licensees.

Impact on Other State or Local Governmental Units

11. Estimate any increase or decrease in revenues to other state or local governmental units (i.e. cities, counties, school districts) as a result of the rule. Estimate the cost increases or reductions for other state or local governmental units (i.e. cities, counties, school districts) as a result of the rule. Include the cost of equipment, supplies, labor, and increased administrative costs in both the initial imposition of the rule and any ongoing monitoring.

There are no anticipated increases or decreases in revenues, or cost increases or reductions, to other state or local government units as a result of the proposed rules.

12. Discuss any program, service, duty, or responsibility imposed upon any city, county, town, village, or school district by the rules.

There are no anticipated or intended programs, services, duties, or responsibilities imposed on any city, county, town, village, or school district as a result of the proposed rules.

A. Describe any actions that governmental units must take to be in compliance with the rules. This section should include items such as record keeping and reporting requirements or changing operational practices.

There are no actions that governmental units must take to comply with the proposed rules.

13. Describe whether or not an appropriation to state or local governmental units has been made or a funding source provided for any additional expenditures associated with the proposed rules.

No appropriations have been made to any governmental units as a result of these rules. No additional expenditures are anticipated or intended with the proposed rules.

Rural Impact

14. In general, what impact will the rules have on rural areas?

The proposed rules are not expected to impact rural areas. The proposed rules apply to licensed midwives, regardless of their location.

A. Describe the types of public or private interests in rural areas that will be affected by the rules.

The proposed rules are not expected to impact public or private interests in rural areas. The proposed rules apply to licensed midwives, regardless of their location.

Environmental Impact

15. Do the proposed rules have any impact on the environment? If yes, please explain.

No, the rules will not have an impact on the environment.

Small Business Impact Statement

16. Describe whether and how the agency considered exempting small businesses from the proposed rules.

The proposed rules impose requirements on individual licensees, rather than small businesses. Even if a licensee's practice qualifies as a small business, the department could not exempt the licensee's business, because it would create a disparity in the regulation process.

17. If small businesses are not exempt, describe (a) the manner in which the agency reduced the economic impact of the proposed rules on small businesses, including a detailed recitation of the efforts of the agency to comply with the mandate to reduce the disproportionate impact of the rules upon small businesses as described below (in accordance with MCL 24.240(1)(a-d)), or (b) the reasons such a reduction was not lawful or feasible.

The proposed rules cannot exempt small businesses because the rules do not directly regulate small businesses, they regulate individual licensees.

While licensees may practice independently, or as part of a small business, the law does not allow the rules to exempt these individuals from the requirements of the rules.

A. Identify and estimate the number of small businesses affected by the proposed rules and the probable effect on small businesses.

As of October 2, 2024, there are approximately 90 licensed midwives in Michigan. Licensed midwives practice in different work environments. No matter what type of business environment the licensee works in, the licensee will have to take the necessary steps to comply with the proposed rules. The rules do not affect small businesses differently. The anticipated effects on licensees are minimal because they clarify what is already required of licensees and not of the business in which they may work.

B. Describe how the agency established differing compliance or reporting requirements or timetables for small businesses under the rules after projecting the required reporting, record-keeping, and other administrative costs.

The agency did not establish separate compliance or reporting requirements for small businesses.

C. Describe how the agency consolidated or simplified the compliance and reporting requirements for small businesses and identify the skills necessary to comply with the reporting requirements.

The agency did not consolidate or simplify the compliance and reporting requirements for small businesses, nor did it identify the skills necessary to comply with the reporting requirements, as the proposed rules impose requirements on individual licensees rather than small businesses.

D. Describe how the agency established performance standards to replace design or operation standards required by the proposed rules.

The agency did not establish performance standards to replace design or operation standards required by the proposed rules.

18. Identify any disproportionate impact the proposed rules may have on small businesses because of their size or geographic location.

The proposed rules affect individual licensees, rather than small businesses. Therefore, there is no disproportionate effect on small businesses because of their size or geographic location.

19. Identify the nature of any report and the estimated cost of its preparation by small businesses required to comply with the proposed rules.

A small business is not required to prepare any report under the proposed rules, so it is estimated that a small business will incur no cost in preparing a report to comply with the proposed rules.

20. Analyze the costs of compliance for all small businesses affected by the proposed rules, including costs of equipment, supplies, labor, and increased administrative costs.

There are no expected increased costs for small businesses concerning the costs of equipment, supplies, labor, or administrative costs.

21. Identify the nature and estimated cost of any legal, consulting, or accounting services that small businesses would incur in complying with the proposed rules.

There are no expected increased costs for small businesses concerning legal, consulting, or accounting services.

22. Estimate the ability of small businesses to absorb the costs without suffering economic harm and without adversely affecting competition in the marketplace.

There are no expected costs to small businesses that will cause economic harm to a small business or the marketplace as a result of the proposed rules.

23. Estimate the cost, if any, to the agency of administering or enforcing a rule that exempts or sets lesser standards for compliance by small businesses.

If a rule exempted or set lesser standards for compliance by a small business, there would be no cost to the agency for administering or enforcing that rule because the rules do not apply to a business of any size. The rules apply to individuals practicing in Michigan as licensed midwives.

24. Identify the impact on the public interest of exempting or setting lesser standards of compliance for small businesses.

Licensure of licensed midwives is required by statute, so the department cannot make a rule that would permit the practice of licensed midwifery by an unlicensed individual in a small business.

If the department could exempt or set lesser standards for small businesses employing a licensed midwife, it would create a disparity in the regulation of the profession and would expose patients to harm, because an unlicensed person would not be qualified to provide maternity care.

25. Describe whether and how the agency has involved small businesses in the development of the proposed rules.

The department worked with stakeholders at the Michigan Board of Licensed Midwifery Rules Committee Work Group meeting, which included members of the Board of Licensed Midwifery, department staff, and members of the public in the development of the proposed rules. The board is composed of members of the profession and members of the public who may work in small businesses in Michigan. However, even if the Board members work in small businesses, they were not involved in the development of the rules as representatives of small businesses.

A. If small businesses were involved in the development of the rules, please identify the business(es).

Representatives from businesses were involved in the development of the rules. However, the department is not aware if they meet the definition of a “small business.”

Cost-Benefit Analysis of Rules (independent of statutory impact)

26. Estimate the actual statewide compliance costs of the rule amendments on businesses or groups.

There are no estimated compliance costs with these rule amendments on businesses or groups.

A. Identify the businesses or groups who will be directly affected by, bear the cost of, or directly benefit from the proposed rules.

The department does not expect any businesses or groups to be directly affected by, bear the cost of, or directly benefit from, the proposed rules.

B. What additional costs will be imposed on businesses and other groups as a result of these proposed rules (i.e. new equipment, supplies, labor, accounting, or recordkeeping)? Please identify the types and number of businesses and groups. Be sure to quantify how each entity will be affected.

The department does not expect the proposed rules to result in any additional costs, such as new equipment, supplies, labor, accounting, or recordkeeping on businesses or other groups.

27. Estimate the actual statewide compliance costs of the proposed rules on individuals (regulated individuals or the public). Include the costs of education, training, application fees, examination fees, license fees, new equipment, supplies, labor, accounting, or recordkeeping.

The department does not expect the proposed rules to result in compliance costs, such as new educational costs, training, application fees, examination fees, license fees, new equipment, supplies, labor, accounting, or recordkeeping for the public. Licensed midwives are already required to provide informed consent to patients, so the consent for telehealth form is not expected to impose additional costs.

A. How many and what category of individuals will be affected by the rules?

All licensed midwives will be affected by the rules. As of October 2, 2024, there are approximately 90 licensed midwives in the state of Michigan.

B. What qualitative and quantitative impact do the proposed changes in rules have on these individuals?

The department does not expect a quantitative impact from the proposed rule changes. The qualitative impact would be a rule set that is current with drafting standards, increased public safety and quality of care to a patient who needs diagnostic ultrasound services, and availability of a commonly used form of a drug that is added to the formulary.

28. Quantify any cost reductions to businesses, individuals, groups of individuals, or governmental units as a result of the proposed rules.

It is expected that the cost of continuing education for licensees will be reduced by approximately one-third because the proposed rule will require the same number of credits for a 3-year license cycle as the current rule requires for a 2-year license cycle.

There are no cost reductions to businesses, individuals or governmental units as a result of the proposed rules.

29. Estimate the primary and direct benefits and any secondary or indirect benefits of the proposed rules. Please provide both quantitative and qualitative information, as well as your assumptions.

The proposed rules will directly benefit the public by having a rule set that complies with current drafting standards for ease of understanding, allowing licensed midwives to administer TXA by intravenous piggyback or intravenous push for the treatment of patients experiencing postpartum hemorrhage and oral ibuprofen for postpartum discomfort, updating the dosages for vitamin K and epinephrine, updating the routes of administration and duration for epinephrine, providing parameters for the provision of telehealth services, and ensuring the continuing education requirements comply with a 3-year license cycle.

30. Explain how the proposed rules will impact business growth and job creation (or elimination) in Michigan.

The rules are not expected to have an impact on business growth, job creation, or job elimination.

31. Identify any individuals or businesses who will be disproportionately affected by the rules as a result of their industrial sector, segment of the public, business size, or geographic location.

There is not expected to be a disproportionate effect due to industrial sector, segment of the public, business size, or geographic location.

32. Identify the sources the agency relied upon in compiling the regulatory impact statement, including the methodology utilized in determining the existence and extent of the impact of the proposed rules and a cost-benefit analysis of the proposed rules.

North American Registry of Midwives:
<https://narm.org/>
<http://narm.org/news/end-of-iem-route/>

Canada:
<https://cmrc-ccosf.ca/registration>

State By State | Midwives Alliance of North America:
<https://mana.org/>

Illinois:
Midwifery becomes a licensed profession in Illinois- Chicago Sun-Times
<https://chicago.suntimes.com/2021/12/14/22834687/midwifery-licensed-profession-illinois-midwives>
<https://ilga.gov/legislation/ilcs/documents/022500640K10.htm>

Indiana:
Midwifery Statutes and Rules
<https://www.in.gov/pla/professions/indiana-certified-direct-entry-midwifery-committee/midwifery-statutes-and-rules2/>

Minnesota:
Minnesota Statutes: <https://www.revisor.mn.gov/statutes/cite/147D>

New York:
<https://www.op.nysed.gov/professions/midwifery/laws-rules-regulations>

Ohio:
<http://midwivesofohio.org/>

Pennsylvania:
<http://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Pages/default.aspx#.VWy6nEJ9TGs>

Pennsylvania State Board of Nursing
<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Nursing/Pages/default.aspx>

Wisconsin:
https://docs.legis.wisconsin.gov/code/admin_code/sps/professional_services/180

A. How were estimates made, and what were your assumptions? Include internal and external sources, published reports, information provided by associations or organizations, etc., that demonstrate a need for the proposed rules.

No estimates or assumptions were made.

Alternative to Regulation

33. Identify any reasonable alternatives to the proposed rules that would achieve the same or similar goals.

Since the rules are required by statute, there is no other reasonable alternative to the proposed rules that would achieve the same or similar goals.

A. Please include any statutory amendments that may be necessary to achieve such alternatives.

There is no other reasonable alternative to the proposed rules that would achieve the same or similar goal.

34. Discuss the feasibility of establishing a regulatory program similar to that proposed in the rules that would operate through private market-based mechanisms. Please include a discussion of private market-based systems utilized by other states.

Since the rules are authorized by statute, private market-based systems cannot serve as an alternative. Each state is responsible for implementing its own laws and rules pertaining to licensing midwives. Private market-based systems are not used for regulating licensees. The licensing and regulation of licensed midwives are state functions, so a regulatory program independent of state intervention cannot be established. The midwifery profession has numerous professional associations that could be considered regulatory mechanisms that are independent of state intervention; however, these professional organizations would provide the public with significantly less protection because membership in many of these organizations is voluntary. This means an individual who meets the membership requirements, but does not join one of the professional organizations, would be able to practice and there would be no way to ensure that individual's competency or hold them accountable.

35. Discuss all significant alternatives the agency considered during rule development and why they were not incorporated into the rules. This section should include ideas considered both during internal discussions and discussions with stakeholders, affected parties, or advisory groups.

Since the rules are required by statute, there are no alternatives to the proposed rules that the agency could consider. They are necessary for the administration of and enforcement of the licensing process.

Additional Information

36. As required by MCL 24.245b(1)(c), please describe any instructions regarding the method of complying with the rules, if applicable.

The instructions regarding the method of complying with the rules are found within the rule set.