AN ACT REVISING LAWS RELATED TO DIRECT-ENTRY MIDWIVES; EXPANDING THE ABILITY FOR DIRECT-ENTRY MIDWIVES TO OBTAIN AND ADMINISTER CERTAIN PRESCRIPTION DRUGS; REQUIRING CERTAIN EDUCATION PRIOR TO THE ABILITY FOR DIRECT-ENTRY MIDWIVES TO ADMINISTER DRUGS; REQUIRING DIRECT-ENTRY MIDWIVES TO ESTABLISH PROTOCOLS FOR DRUG ADMINISTRATION; PROVIDING RULEMAKING AUTHORITY; AND AMENDING SECTION 37-27-302, MCA.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 37-27-302, MCA, is amended to read:

"**37-27-302. Administration of prescription drugs -- when prohibited -- ~~exceptions~~ when allowed -- protocols -- rulemaking.** (1) ~~A~~ Except as provided in subsections (2) and (3), a licensed direct-entry midwife may not dispense or administer prescription drugs ~~other than newborn vitamin K (oral or intramuscular preparations), pitocin (intramuscular) postpartum, xylocaine (subcutaneous), and, in accordance with administrative rules adopted by the department of public health and human services, prophylactic eye agents to newborn infants. These drugs may be administered only if prescribed by a physician~~.

(2) A licensed direct-entry midwife who has successfully completed accredited courses in pharmacology and intravenous therapy approved by the board and has obtained a license endorsement from the board may, during the practice of midwifery, directly obtain and administer the following:

(a) oxygen;

(b) postpartum antihemorrhagic agents, including:

(i) pitocin (intramuscular);

(ii) methylergonovine;

(iii) misoprostol;

(iv) tranexamic acid; and

(v) other postpartum antihemorrhagic drugs allowed by board rule;

(c) injectable local anesthetics for the repair of up to second-degree lacerations;

(d) antibiotics for group b streptococcus prophylaxis consistent with guidelines of the United States centers for disease control and prevention;

(e) epinephrine administered for anaphylactic shock;

(f) intravenous fluids for fluid replacement and administration of approved medications;

(g) rho(d) immune globulin to prevent maternal immune sensitization to certain fetal blood types;

(h) newborn vitamin K or phytonadione (oral or intramuscular preparations);

(i) in accordance with administrative rules adopted by the department of public health and human services, prophylactic eye agents to newborn infants; and

(j) other medications as prescribed by a medical practitioner or naturopathic physician, including the use of devices as defined in 37-2-101.

(3) A licensed direct-entry midwife who has successfully completed accredited courses in pharmacology pursuant to subsection (2) may, during the practice of midwifery:

(a) directly obtain terbutaline; and

(b) administer terbutaline to a patient when given a direct order to do so from a licensed physician.

(4) A licensed direct-entry midwife who administers drugs under this section must establish written protocol, including but not limited to:

(a) procurement of prescription drugs, which must be procured from a wholesale drug distributor or pharmacy supplier licensed by the board of pharmacy provided for in 2-15-1733;

(b) storage, inventory control, and disposal of prescription drugs; and

(c) use and care of prescription drugs.

(5) The board may adopt rules to implement this section."

- END -

I hereby certify that the within bill,

HB 392, originated in the House.

_____

Chief Clerk of the House

_____

Speaker of the House

Signed this _____day

of_____, 2023.

_____

President of the Senate

Signed this _____day

of_____, 2023.

HOUSE BILL NO. 392

INTRODUCED BY J. ETCHART, E. KERR-CARPENTER, K. ZOLNIKOV, T. MOORE, J. GILLETTE

AN ACT REVISING LAWS RELATED TO DIRECT-ENTRY MIDWIVES; EXPANDING THE ABILITY FOR DIRECT-ENTRY MIDWIVES TO OBTAIN AND ADMINISTER CERTAIN PRESCRIPTION DRUGS; REQUIRING CERTAIN EDUCATION PRIOR TO THE ABILITY FOR DIRECT-ENTRY MIDWIVES TO ADMINISTER DRUGS; REQUIRING DIRECT-ENTRY MIDWIVES TO ESTABLISH PROTOCOLS FOR DRUG ADMINISTRATION; PROVIDING RULEMAKING AUTHORITY; AND AMENDING SECTION 37-27-302, MCA.