Colorado Direct Entry Midwifery Registration

Registration News 2003

State of Colorado
Department of Regulatory Agencies
Bill Owens, Governor
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WHAT'S NEW

Project T – the "business re-engineering" project that has been ongoing for about two years – is now in place. We've moved (again), and business functions within the Division have been centralized. In the past Linda Lawson handled all of the licensing issues, but these are now being handled by Betty Esquibel. Linda will still be handling renewals for this year, all of the complaints, and answering general questions that you may have about the practice. Linda has a new telephone number and you can reach her directly at 303-894-7429. Our office suite number is now 1340, but the rest of our mailing address remains the same: Colorado Midwifery Registration, 1560 Broadway, Suite 1340, Denver, Colorado, 80202. We also have a new fax number, which is 303-894-7764.

Your license will have a new look this year so don't be alarmed when you don't see the familiar green-and-white mountain backdrop. The new licenses are wallet size and printed in red.

NARM EXAMS

One result of the centralization process in the Division of Registrations is the creation of a new Office of Examination Services. The NARM exam will still be given twice a year within the Division of Registrations, but the midwifery office staff is no longer involved. Applicants for registration will continue to send their paperwork to our office.

> NEW STATISTICAL SURVEY

Your feedback on last year's revised statistical form was much appreciated and has been incorporated into this year's form wherever possible. However, we also want to keep it as brief as possible. The Midwifery Practice Act only requires that you report the number of women you cared for, the number of deliveries, the Apgar scores, transfers, and perinatal deaths. Some of you reported that you work as a team caring for the same patient; those of you doing this may count the same patient in your statistics. There was a question about reporting miscarriages; this will appear naturally in the difference between the number of patients and the number of deliveries, as well as all the other reasons for numerical differences, and does not need to be broken out separately.

Other fine points of midwifery practice, while important, do not need to be reflected in these statistics. If there is a topic that you feel is worthy of discussion in this newsletter, such as the comments we received last year about the relationship between low birth weights and high altitudes, please feel free to submit an article on the subject for next year's newsletter. We'd enjoy hearing from you about the observations you've made in your practice!

NEW STANDARDS FOR EDUCATION

As of July 1, 2003, training for midwifery registration solely through apprenticeships will no longer satisfy the legal requirements. Now, applicants must have graduated from a MEAC – approved educational program, or else submit their credentials for evaluation. Alternatives for individuals who have already completed their training outside of formal schooling do exist, however. An applicant may request a credentials review through NARM's Portfolio Evaluation Process (this is one way to satisfy the licensure requirement through apprenticeship training that previously existed), or if already credentialed as a Certified Professional Midwife (CPM), the education requirements for registration will be deemed satisfied. Additionally, foreign applicants may request a credentials review by the International Credentialing Associates or the International Consultants of Delaware. For more information, please visit our website at www.dora.state.co.us/midwives.

APPROVAL FOR NARM EQUIVALENCY

On May 23, 2003, this office received notification that Colorado's application with NARM for educational equivalency was approved. This means that our state registration requirements meet NARM's standards to qualify for Certified Professional Midwife (CPM) certification. For those of you who have already taken the NARM examination to become registered in Colorado, your passing exam scores will be used to fulfill that part of the CPM requirements, and this will represent a significant cost savings to you.

Some of you have already taken advantage of this "shortcut" to CPM status, and we are pleased that we are now able to offer it to you.

LAST YEAR'S RENEWAL

Forty-four renewal forms were mailed in late 2002 and 42 of you renewed your registrations, for a 95 percent renewal rate. The results of the 2002 statistical survey are as follows:

	2002
Women receiving midwife care	656
Women receiving only midwife care	477
Deliveries attended by midwives	466
Referred to MD after screening	56
Referred to MD before labor	68
Transferred to hospital during labor/delivery	75
Infants requiring consult/transport within 24 hours after delivery	13

UNREGISTERED PRACTICE

A serious and ongoing problem in Colorado is the unregistered practice of midwifery. Recently, our office initiated an action against Theanna Davis, who was enjoined from the unregistered practice in January 2000. However, at that time, Colorado law did not prohibit the unregistered practice of midwifery if no compensation was accepted for these services. Now that the law has

changed to prohibit all unregistered practice, whether compensated or not, we have again submitted a case against Ms. Davis to the Colorado Attorney General's Office for another injunction against the unregistered practice of midwifery.

We take the unregistered practice very seriously and to put a stop to such activity, we need all of you to be our eyes and ears. Please report any unregistered activity to this office and contact your local law enforcement agency.

COMPLAINTS AND DISCIPLINE

Between October 1, 2002 and October 1, 2003, eight new complaints were filed against lay midwives in Colorado. The allegations include substandard care, practicing without a registration, practicing beyond the scope, and practicing under the influence. In the same time period, five complaints were dismissed. The following license was disciplined in 2003:

Licensee's Name	Date	Conduct	Disciplinary Sanction
Lynda Sizemore	June 18, 2003	Substandard care	Letter of Admonition

NEWLY REGISTERED MIDWIVES

We have seven new registrants since the 2002 newsletter was mailed: Lesley Switendick, Genevieve Bachman, Dawn Smits, Susan Trujillo, Leah Slaydon, Carole Nighswander, and Jean Dhority. Congratulations and welcome to the practice!

OFFICE OF THE INSPECTOR GENERAL

In September Frances Borin, Investigations Analyst for the Kansas City Regional Office of the U.S. Inspector General, visited the Division. She brought a bulletin issued by the OIG in April 2003, and we have reprinted it here for your information.

INFORMATIONAL BULLETIN FROM THE OFFICE OF INSPECTOR GENERAL

Facts You May Need To Know About Your Employment

The Office of Inspector General (OIG) of the U.S. Department of Health and Human Services has the authority to exclude from participation in the Federal health care programs any individuals and entities who have been convicted of certain offenses, sanctioned by other governmental agencies, or who have participated in inappropriate activities related to the provision of health care items and services as detailed below. Federal health care programs include Medicare, Medicaid, Tricare, Veterans Affairs, and all other programs that provide health benefits and are funded directly, in whole or in part, by the United States government (except the Federal Employees Health Benefits Program).

The Social Security Act (Act) authorizes the OIG to exclude individuals and entities based on particular circumstances. The Act specifies when the OIG <u>must</u> exclude and when the OIG <u>may</u> exclude. The OIG <u>must</u> exclude an individual or entity who has been convicted of:

- 1. Medicare- or Medicaid-related crimes (misdemeanor or felony)
- 2. Patient abuse or neglect (misdemeanor or felony)
- 3. Felony health care fraud (not related to Medicare or Medicaid)
- 4. Felony controlled substance violations

The OIG may exclude in several other instances. For example, the OIG may impose exclusions based on:

- 1. Convictions for misdemeanor health care fraud (not related to Medicare or Medicaid)
- 2. Convictions for misdemeanor controlled substance violations
- 3. Disciplinary actions taken by licensing boards or other Federal or State health care programs

- 4. Quality of care issues related to denial of services, excessive/unnecessary services, or substandard care
- 5. Prohibited activities such as false claims, fraud, kickbacks (with or without a conviction)
- 6. Defaults on health education assistance loans

Once a person is excluded, Federal health care programs will not pay for anything that the person furnishes, orders, or prescribes, regardless of what that person's job is. The exclusion affects, among others, the excluded person, anyone who employs or contracts with the excluded person, or any hospital or other provider where the excluded person provides services. The exclusion applies regardless of who submits the claims or requests for reimbursement and applies to all items or services, including administrative and management services, furnished by the excluded person. An excluded person may not be employed by a provider to perform functions for which the provider is paid, in whole or in part, by any Federal health care program. As a result, an excluded person generally may not be employed by a hospital, nursing home, or other institutional provider which participates in Federal health care programs. The exclusion is nationwide in scope and applies to all health care professions and occupations.

For example, if a nurse is excluded, he or she will be precluded from many types of employment in the health care field. Items or services furnished by the excluded nurse cannot be reimbursed, either directly or indirectly, by a Federal health care program. A nurse cannot work at a hospital, nursing home, or other institutional provider if the nurse's salary or fringe benefits are paid directly to the nurse or indirectly through the employer on a Federal health care program's cost report. These prohibitions apply regardless of whether the person excluded as a nurse now has a different license within the nursing field (e.g., LPN instead of RN), or changes fields and is now employed as a physician, secretary, administrator, information clerk, cafeteria worker, or any other position where the salary is reimbursed by Federal health care programs directly or on a cost report.

Once excluded, an individual or entity is not able to participate in Federal procurement and non-procurement programs and activities. For example, an excluded person cannot be granted Federal student loans or housing loans, nor will any excluded party be able to enter into any contract with the Federal government.

An exclusion does not affect an excluded individual's, or his/her family's, rights to receive personal benefits as a beneficiary of Medicare, Medicaid, or any other Federal health care program.

More information about exclusions, Frequently Asked Questions, and a Special Advisory Bulletin about the Effect of Exclusions, may be found on the OIG's Website at http://oig.hhs.gov. Then click on EXCLUSIONS DATABASE, and choose the information you wish to access.

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ADDRESS ALERT

Please check your name and address on the renewal to be sure that it is correct. If not, please be sure to let us know if any of this information has changed. If we don't show a telephone number for you, that means we don't have one and as a result can't pass it along to anyone looking for a midwife in your area. Please help us help you by making sure we have a correct address and phone number for you.

NOTICE TO MIDWIVES REGARDING SOCIAL SECURITY NUMBERS

Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(l)(A), C.R.S.; and reporting disciplinary actions to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.