

BOARDS AND COMMISSIONS

Board of Nursing (Amendment)

201 KAR 20:600. Standards for training programs for licensed certified professional midwives.

RELATES TO: KRS 314.400 – 314.414

STATUTORY AUTHORITY: KRS 314.131(1), 314.404

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the Board of Nursing to promulgate administrative regulations as may be necessary to enable it to carry into effect the provisions of KRS Chapter 314. KRS 314.404(1) requires the board to promulgate an administrative regulation to establish required standards for training programs for licensed certified professional midwives. This administrative regulation establishes the required standards for training programs for licensed certified professional midwives.

Section 1. Definition. "Preceptor" means a licensed certified professional midwife (LCPM), an APRN designated Certified Nurse Midwife, or a physician, who serves as a role model and mentor to assist in the development and validation of the competencies of a student.

Section 2.

- (1) A training program that prepares an individual to become a licensed certified professional midwife (LCPM)~~[which is]~~ located in this state shall be accredited by the Midwifery Education Accreditation Council (MEAC).
- (2) The board shall retain jurisdiction over accredited programs and may conduct a site visit or other investigation into any allegation that may constitute a violation of this administrative regulation and 201 KAR 20:610. The board may also conduct a site visit when an accreditation visit is scheduled.
- (3) The training program shall submit all correspondence and reports to and from MEAC to the board within thirty (30) days of submission or receipt.

Section 3. A training program that prepares an individual to become ~~an~~^a LCPM~~[which is]~~ located in this state shall meet the standards established by this administrative regulation.

Section 4. Program Administrator.

- (1)
 - (a) There shall be a program administrator who is administratively responsible for overseeing the program.
 - (b) The program administrator shall be appointed by and be responsible to the governing institution.
- (2) A program shall develop and implement a plan of organization and administration that clearly establishes the lines of authority, accountability, and responsibility for each program location.
- (3) The program administrator shall have the following qualifications:
 - (a) A minimum of a master's degree from an accredited college or university;
 - (b) A minimum of the equivalent of two (2) years of full time teaching experience in midwifery;
 - (c) Have at least two (2) years of experience in the independent practice of midwifery, nurse-midwifery, or obstetrics;
 - (d) Demonstrated experience or preparation in education that includes teaching adults, adult learning theory teaching methods, curriculum development, and curriculum evaluation;

- (e) Have been the primary care giver for at least seventy-five (75) births including provision of prenatal, intrapartum, and postpartum care; and
 - (f) Hold a license as an LCPM.
- (4) An APRN or physician may be appointed as a program administrator if they meet the requirements of this section other than holding a license as an LCPM if, in the opinion of the governing institution, the individual being considered has a sufficient understanding of the LCPM scope of practice.
- (5) A program administrator without previous program administrator experience shall have a mentor assigned by the governing institution and an educational development plan implemented. The mentor shall have documented experience in program administration.

Section 5. Faculty.

- (1) There shall be at least one (1) faculty member besides the program administrator.
- (2) The faculty shall be adequate in number to implement the curriculum as determined by program outcomes, course objectives, the level of the student, the number of students and classes admitted annually, and the educational technology utilized.
- (3) The faculty shall be approved by the administrator and shall include didactic and clinical faculty.
- (4) Didactic faculty.
 - (a) Didactic faculty shall have a minimum of a baccalaureate degree from an accredited college or university.
 - (b) Didactic faculty licensed as an LCPM shall document a minimum of two (2) years full time or equivalent experience as an LCPM.
 - (c) Didactic faculty who hold a license other than as an LCPM shall document a minimum of two (2) years full time or equivalent experience in their profession.
 - (d) Didactic faculty shall document preparation in educational activities regarding~~in the area of~~ teaching and learning principles for adult education, including curriculum development and implementation. The preparation shall be acquired through planned faculty in-service learning activities, continuing education offerings, or academic courses.
 - (e) Didactic faculty hired without prior teaching experience shall have a mentor assigned and an educational development plan implemented.
- (5) Clinical faculty and preceptors.
 - (a) Clinical faculty or a preceptor shall hold a current, unencumbered license as a certified professional midwife or related profession.
 - (b) Clinical faculty or a preceptor shall have evidence of clinical competencies related to midwifery.
- (6) There shall be documentation of orientation to the course, program outcomes, student learning objectives, evaluation methods to be used by the faculty, and documented role expectations.

Section 6. Standards for Curriculum.

- (1) Philosophy, mission, and outcomes.
 - (a) The philosophy, mission, and outcomes of the training program shall be clearly defined in writing by the faculty and shall be consistent with those of the governing institution.
 - (b) The program outcomes shall encompass the standards for accreditation set forth by MEAC~~[The Midwives Alliance of North America Core Competencies, and the Standards and Qualifications for the Art and Practice of Midwifery of the Midwives Alliance of North America and describe the expected competencies of the graduate]~~.
 - (c) The program shall conduct an evaluation to validate that identified program outcomes have been achieved and provide evidence of improvement based on an analysis of those results.

(d) The training program shall be an accredited midwifery education program that meets the requirements of Section 7 of this regulation~~[include a minimum of 900 contact hours of didactic course work].~~

(2) Organization of the curriculum.

(a) There shall be a written plan, including supporting rationale, which describes the organization and development of the curriculum.

(b) The curriculum plan shall reflect the philosophy, mission, and outcomes of the program and prepare the student to meet the qualifications for certification by the North American Registry of Midwives.

(c) A course syllabus shall be developed for each course to include outcomes, planned instruction, learning activities, and method of evaluation.

1. Each course shall be implemented in accordance with the established course syllabus.

2. A copy of each course syllabus shall be on file in the program office and shall be available to the board upon request.

(d) The curriculum plan shall be logical and sequential, and it shall demonstrate an increase in difficulty and complexity as the student progresses through the program.

(e) A course may be offered as a distance learning course. A distance learning course shall meet the same standards as established in this administrative regulation.

(f) The curriculum shall have written measurable program outcomes that reflect the role of the graduate.

(3) The curriculum shall require that the student hold a current American Heart Association Basic Life Support (BLS) certificate for health care providers and include instruction in neonatal resuscitation resulting in a Neonatal Resuscitation Program (NRP) certificate.

Section 7. Clinical Experience or Preceptorship.

~~[(1)]~~ The training program shall include a clinical experience determined by North American Registry of Midwives (NARM)~~[or preceptorship of at least two (2) years but no more than five (5) years and is equivalent to 1350 clinical contact hours. The training program shall maintain a log of clinical hours for each student.]~~

~~[(2)]~~ ~~The clinical experience or preceptorship shall include:~~

~~[(a)]~~ ~~Serving as an active participant in attending twenty (20) births;~~

~~[(b)]~~ ~~Serving as the primary midwife, under supervision, in attending twenty (20) additional births, at least ten (10) of which shall be out of hospital births. A minimum of three (3) of the twenty (20) births attended as primary midwife under supervision shall be with women for whom the student has provided primary care during at least four (4) prenatal visits, births, newborn exams, and one (1) postpartum exam;~~

~~[(c)]~~ ~~Serving as the primary midwife, under supervision, in performing:~~

~~[1.]~~ ~~Seventy-five (75) prenatal exams, including at least twenty (20) initial history and physical exams;~~

~~[2.]~~ ~~Twenty (20) newborn exams; and~~

~~[3.]~~ ~~Forty (40) postpartum exams].~~

Section 8. Students.

(1) A student enrolled in the training program shall have a high school diploma or its equivalent.

(2) The training program shall maintain in the student's file evidence of compliance with the requirements in Section 6(3) of this administrative regulation, in Section 7 of this administrative regulation, and in subsection (1) of this section.

(3) Admission requirements shall be stated and published in the governing institution's publications.

(4) Program information communicated by the training program shall be accurate, complete, consistent, and publicly available.

Section 9. Student Policies.

- (1) Written LCPM student policies shall be accurate, clear, and consistently applied.
- (2) Upon admission to the training program, each student shall be advised in electronic or written format of policies pertaining to:
 - (a) Evaluation methods to include the grading system;
 - (b) Tuition, fees, and expenses associated with the training program and refund policies;
 - (c) Availability of counseling resources;
 - (d) Health requirements and other standards as required for the protection of student health;
 - (e) Grievance procedures;
 - (f) Financial aid information;
 - (g) Student responsibilities; and
 - (h) A plan for emergency care on campus or in clinical settings.

Section 10. Incorporation by Reference.

- (1) The following material is incorporated by reference:
 - (a) "Midwifery Education Accreditation Council Handbook Section B" (MM/2020), ~~["The Midwives Alliance of North America Core Competencies", (December 2014)]~~; and
 - (b) "Certified Professional Midwife (CPM) Candidate Information Booklet (CIB)", North American Registry of Midwives, (01/2025), ~~["Standards and Qualifications for the Art and Practice of Midwifery", Midwives Alliance of North America, (October 2005)]~~.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Kentucky Board of nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky 40222, Monday through Friday, 8:00 am to 4:30 p.m. This material is also available on the board's Web site at <https://kbn.ky.gov/document-library/Pages/default.aspx>.

AUDRIA DENKER, President

APPROVED BY AGENCY: February 20, 2025

FILED WITH LRC: March 4, 2025 at 10:08 a.m.

PUBLIC HEARING AND COMMENT PERIOD: A public hearing on this administrative regulation shall be held on May 27, 2025, at 10:00 a.m. at Kentucky Board of Nursing, 312 Whittington Parkway, Ste 300, Louisville, KY 40222. Individuals interested in being heard at this hearing shall notify this agency in writing by May 20, 2025, five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through May 31, 2025. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person or submit a comment at: <https://secure.kentucky.gov/formservices/Nursing/PendReg>.

CONTACT PERSON: Jeffrey R. Prather, General Counsel, Kentucky Board of Nursing. 312 Whittington Parkway, Suite 300, Louisville, KY 40222; phone (502) 338-2851, email Jeffrey.Prather@ky.gov.

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

Contact Person:Jeffrey Prather

(1) Provide a brief summary of:

(a) What this administrative regulation does:

Sets training standards for Licensed Professional Certified Midwives (“LCPMs”).

(b) The necessity of this administrative regulation:

It is required by KRS 314.404.

(c) How this administrative regulation conforms to the content of the authorizing statutes:

By setting standards.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes:

By setting standards for LCPM training programs.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation:

The regulation is being updated to use the standards for accreditation set forth by Midwifery Education and Accreditation Council (“MEAC”), instead of the Midwives Alliance of North America (“MANA”) Core Competencies, and the Standards and Qualifications for the Art and Practice of Midwifery of MANA, because it was permanently dissolved on March 1, 2024. The amendments also standardize the clinical Experience or Preceptorship requirements for an LCPM training program with national standard. The associated material incorporated by reference is updated.

(b) The necessity of the amendment to this administrative regulation:

To update accreditation standards.

(c) How the amendment conforms to the content of the authorizing statutes:

By setting standards of accreditation.

(d) How the amendment will assist in the effective administration of the statutes:

By setting standards of accreditation.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation:

LCPM training programs in Kentucky. Currently none.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment:

The programs will need to meet the accreditation standards.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3):

The entities will need to be reviewed and approved by the Board.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3):

The programs will be allowed to train LCPMs in Kentucky.

(5) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially:

There is no additional cost.

(b) On a continuing basis:

There is no additional cost.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation:

Agency funds.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment:

Not applicable.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees:

The regulation does not increase fees.

(9) TIERING: Is tiering applied?

Tiering is not applicable.

FISCAL IMPACT STATEMENT

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation.

KRS 314.131(1), 314.404

(2) Identify the promulgating agency and any other affected state units, parts, or divisions:

The Kentucky Board of Nursing.

(a) Estimate the following for the first year:

Expenditures:No expenditures to estimate.

Revenues:No revenues to estimate.

Cost Savings:No cost savings.

(b) How will expenditures, revenues, or cost savings differ in subsequent years?

They will not differ.

(3) Identify affected local entities (for example: cities, counties, fire departments, school districts):

(a) Estimate the following for the first year:

Expenditures:No expenditures to estimate.

Revenues:No revenues to estimate.

Cost Savings:No cost savings.

(b) How will expenditures, revenues, or cost savings differ in subsequent years?

Not applicable.

(4) Identify additional regulated entities not listed in questions (2) or (3):

(a) Estimate the following for the first year:

Expenditures:N/A.

Revenues:N/A.

Cost Savings:N/A.

(b) How will expenditures, revenues, or cost savings differ in subsequent years?

There will be no difference to expenditures, revenues, or cost savings. N/A.

(5) Provide a narrative to explain the:

(a) Fiscal impact of this administrative regulation:

None.

(b) Methodology and resources used to determine the fiscal impact:

None.

(6) Explain:

(a) Whether this administrative regulation will have an overall negative or adverse major economic impact to the entities identified in questions (2) - (4). (\$500,000 or more, in aggregate)

This administrative regulation will not have a major economic impact.

(b) The methodology and resources used to reach this conclusion:

N/A.