

Dear Senators VanOrden, Bjerke, Wintrow, and
Representatives Vander Woude, Erickson, Rubel:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the
Division of Occupational and Professional Licenses - Idaho Board of Nursing:
IDAPA 24.26.01 - Rules of Midwifery-Proposed Rule (Docket No. 24-2601-2601).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative
Services. The final date to call a meeting on the enclosed rules is no later than 10/19/2026. If a meeting is
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis
from Legislative Services. The final date to hold a meeting on the enclosed rules is 11/16/2026.

The germane joint subcommittee may request a statement of economic impact with respect to a
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has
been held.

To notify Research and Legislation, call 334-4854, or send a written request to the address on the
memorandum attached below.



Terri Kondeff
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Division Manager - Matt Drake

DATE: September 30, 2026

SUBJECT: Division of Occupational and Professional Licenses - Idaho Board of Nursing

IDAPA 24.26.01 - Rules of Midwifery-Proposed Rule (Docket No. 24-2601-2601)

Summary and Stated Reasons for the Rule

The Idaho Division of Occupational and Professional Licenses (DOPL) submits Notice of Rulemaking regarding the Rules of Midwifery. The Division states that the rulemaking updates the midwifery formulary as required by HB 639 of 2026, aligns continuing education requirements with biennial birthdate renewals, and makes technical corrections to Idaho Code references. HB 639 struck from Section 54-5504, Idaho Code, the enumerated list of drugs a licensed midwife could obtain and administer and the requirement of advance notice to the boards of pharmacy and medicine before adding others; added Section 54-5504A, Idaho Code, permitting a midwife to obtain and administer any medication indicated for maternal or neonatal care that is defined in the formulary and protocol and for which the midwife possesses the requisite education, training, and experience; and declared Subsection 200.01 of this chapter null and void as of July 1, 2026. The proposed rule fills the resulting vacancy in Section 200, defining the formulary by reference to Food and Drug Administration approved indications and the acceptable midwifery standard of care, permitting evidence-based off-label use within that standard, and subjecting a midwife who administers non-formulary medications beyond that standard to discipline. It revises Section 201 to require adequate measures for proper storage, transportation, and disposal of prescription medications in accordance with Title 54, Chapter 17, Idaho Code, in place of the current cross-reference to that chapter and to the Rules of the Idaho State Board of Pharmacy. In Section 203, the rule replaces the applicable standard of care for the Essential Documents of the National Association of Certified Professional Midwives (providing for consistency with Idaho Code), replaces cross-references to Section 54-5505 with references to Title 54, Chapter 55, and deletes the enumerated conditions requiring immediate hospital transfer. The rule also replaces the ten (10) hour annual continuing education requirement with a requirement of continuing education and peer review sufficient to maintain professional competency and active certification, requires midwives licensed before July 1, 2024 who have not obtained certified professional midwife certification to complete twenty (20) hours including four (4) hours of peer review prior to renewal, provides that peer review follow the standards of the North American Registry of Midwives, and removes the five (5) hour carryover allowance. Note that the proposed amendment to Subsection 101.01 would require practice data for the renewal period. Section 54-5510(4), Idaho Code, requires complete practice data "for the calendar year preceding the date of the application."

Paul Headlee, Deputy Director Legislative Services Office	Matt Drake, Manager Research & Legislation	Keith Bybee, Manager Budget & Policy Analysis	April Renfro, Manager Legislative Audits	Norma Clark, Manager Information Technology
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Statehouse, P.O. Box 83720
Boise, Idaho 83720-0054

Tel: 208-334-2475
legislature.idaho.gov

Negotiated Rulemaking / Fiscal Impact

Negotiated rulemaking was conducted. No fiscal impact on the state general fund is anticipated.

Statutory Authority

The rulemaking appears to be within the statutory authority granted to the Board in Sections 54-5503(6) and 54-5504, Idaho Code.

cc: Division of Occupational and Professional Licenses - Idaho Board of Nursing
Ryan Bernard

***** PLEASE NOTE *****

Per the Idaho Constitution, all administrative rules may be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

IDAPA 24 – DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSES

24.26.01 – RULES OF MIDWIFERY

DOCKET NO. 24-2601-2601

NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section [67-5221\(1\)](#), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section [54-5503\(6\)](#), Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows. Additional meetings may be scheduled and will be posted on the DOPL website (<https://dopl.idaho.gov/calendar/>) and <https://townhall.idaho.gov>.

Monday, September 14, 2026 10:30 a.m. (MT)
Virtual Webex Meeting Link Meeting Number: 2634 292 6979 Password: 9vbTcPcS27
Thunderbolt Conference Room Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Bldg. 4 Boise, ID 83714

Rulemaking meetings will be held in person and via web conferencing to provide a rulemaking platform that enables broad participation by stakeholders from across the state and minimize travel for stakeholders. The meeting site(s) will be accessible to persons with disabilities, if needed. Requests for accommodation must be made not later than five (5) days prior to the meeting to the agency address below.

DESCRIPTIVE SUMMARY: The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The contemplated rulemaking addresses the following: (1) Updates the midwifery formulary by aligning drug handling requirements and adding additional evidence-based medications used in maternal and neonatal care, as required by [2026 House Bill 639](#); (2) aligns continuing education (CE) requirements with biennial birthdate renewals and updates approved CE hours; and (3) makes technical corrections to Idaho Code references throughout the chapter when citations are no longer accurate.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: N/A.

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year as a result of this rulemaking:

No fiscal impact on the state general fund will occur as a result of these changes.

NEGOTIATED RULEMAKING: Pursuant to Section [67-5220\(1\)](#), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 6, 2026 Idaho Administrative Bulletin Volume [26-5](#), [pages 21-22](#).

INCORPORATION BY REFERENCE: Pursuant to Section [67-5229\(2\)\(a\)](#), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: N/A.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Ryan Bernard, Legislative & Regulatory Affairs Chief, at (775) 870-7926. Materials pertaining to this rulemaking, including any available preliminary rule drafts, can be found on the DOPL website at the following web address: <https://dopl.idaho.gov/rulemaking/>.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 23, 2026.

DATED this 30th day of July, 2026.

Ryan Bernard
Legislative and Regulatory Affairs Chief
PO Box 83720
Boise, ID 83720-0063
Phone: (775) 870-7926
Email: ryan.bernard@dopl.idaho.gov

THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 24-2601-2601
(Only Those Sections With Amendments Are Shown.)

24.26.01 – RULES OF MIDWIFERY

101. RENEWAL OF LICENSE.

01. Complete Practice Data. The information submitted by the licensed midwife must include complete practice data for the ~~calendar year preceding the date of the~~ renewal ~~application period~~. Such information includes: (3-28-23)()

- a. The number of clients to whom the licensed midwife has provided care; (3-28-23)
- b. The number of deliveries, including the number of cesareans or the number of vaginal births after cesarean (VBACs); (3-28-23)
- c. The average, oldest, and youngest maternal ages; (3-28-23)
- d. The number of primiparae; (3-28-23)
- e. All APGAR scores below five (5) at five (5) minutes; (3-28-23)
- f. The number of prenatal transfers and transfers during labor, delivery and immediately following birth, including transfers of mothers, transfers of babies, reasons for transfers, or transfers of all newborns being admitted to the neonatal intensive care unit (NICU) for more than twenty four (24) hours. (3-28-23)
- g. Any perinatal deaths occurring up to six weeks post-delivery, broken out by: weight, gestational age, age of the baby, and stillbirths, if any. (3-28-23)
- h. Any significant neonatal or perinatal problem, not listed above, during the six (6) weeks following birth. (3-28-23)

02. Current Cardiopulmonary Resuscitation Certification. A licensed midwife must certify on their renewal application that they possess a current certification in adult, infant, and child cardiopulmonary resuscitation and in neonatal resuscitation obtained through courses approved by the Board. (3-28-23)

03. Continuing Education Verification. The licensed midwife at renewal must certify by signed affidavit that the ~~annual~~ continuing education requirements set by the Board have been met. The Board may conduct continuing education audits. (3-28-23)()

102. CONTINUING EDUCATION REQUIREMENT.

01. ~~Annual~~ Continuing Education Requirement. A licensed midwife must ~~successfully~~ complete a minimum of ten (10) continuing education hours per year either acceptable to North American Registry of Midwives ("NARM") as counting towards recertification of a licensed midwife as a Certified Professional Midwife ("CPM") or otherwise approved by the Board. Two (2) of these hours must be in peer review participation as described in Subsection 102.02 continuing education and peer review sufficient enough to maintain professional competency and active certification as a professional midwife. (3-28-23)()

02. Legacy Licensees. A midwife who obtained licensure prior to July 1, 2024, and who has not obtained the CPM certification must provide proof of twenty (20) practice-relevant continuing education hours prior to license renewal, including four (4) hours of peer review. ()

023. Peer Review System. ~~As part of the Board's annual continuing education requirement, each licensed midwife must participate in peer review activities for a minimum of two (2) hours per year to enable licensed midwives to retrospectively present and review cases in an effort to further educate themselves about the appropriateness, quality, utilization, and ethical performance of midwifery care.~~ Peer review shall follow the standards and guidelines set forth by North American Registry of Midwives ("NARM") or its successor organization. (3-28-23)

a. ~~Licensed midwives are responsible for organizing their own peer review sessions. At least three (3) licensed midwives or CPMs must participate in a peer review session in order for the session to count towards a licensed midwife's annual two-hour peer review activity requirement.~~ (3-28-23)

b. ~~Each licensed midwife must make a presentation that must include the following information:~~ (3-28-23)

i. ~~Total number of clients currently in the licensed midwife's care;~~ (3-28-23)

ii. ~~The number of women in the licensed midwife's practice that are postpartum;~~ (3-28-23)

iii. ~~The number of births the licensed midwife has been involved with since the last peer review session; and~~ (3-28-23)

iv. ~~One (1) or more specific cases arising since the licensed midwife's last peer review session involving serious complications or the transport of a mother or baby to the hospital.~~ (3-28-23)

e. ~~The i.~~ Information presented in a peer review session is confidential. The identities of the client, other health care providers, and other persons involved in a case may not be divulged during the peer review session. Discussion and evaluation within a peer review session shall not be shared outside the session without the consent of the licensee or used as the basis for disciplinary action against a licensee. (3-28-23)()

03. Carryover Hours. ~~A licensed midwife may carryover a maximum of five (5) hours of continuing education to meet the next year's continuing education requirement.~~ (3-28-23)

103. -- 199. (RESERVED)

200. USE OF FORMULARY DRUGS.

01. Protocols. A licensed midwife is authorized to obtain and administer prescription drugs used during maternal and neonatal care in accordance with Section 54-5504A, Idaho Code. ()

02. Possession. Licensed midwives may obtain prescription medication for which they have the requisite education, training, and experience to competently administer. ()

03. Treatment. For this rule, formulary means the medication dosage, route of administration, and duration of therapy that conforms to the Food and Drug Administration approved indication and the acceptable midwifery standard of care. Evidence-based off-label use is permitted for any drug, provided it falls within the acceptable standard of care. ()

04. Prohibitions. Licensed midwives acting beyond the acceptable standard of care by obtaining or administering non-formulary medications to patients, unless authorized by Idaho law, are subject to discipline or other legal action. ()

201. OBTAINING, STORING, AND DISPOSING OF FORMULARY DRUGS.

A licensed midwife must adhere to the requirements in Title 54 Chapter 17 Idaho Code and IDAPA 24.36.01 Rules of the Idaho State Board of Pharmacy for obtaining, storing, and disposing of formulary drugs during the practice of midwifery provide adequate measures to ensure proper storage, transportation, and disposal of prescription medications within their possession and in accordance with Title 54, Chapter 17, Idaho Code. (3-28-23)()

(BREAK IN CONTINUITY OF SECTIONS)

203. SCOPE AND PRACTICE STANDARDS.

A licensed midwife must adhere to the ~~Essential Documents of the National Association of Certified Professional Midwives to the extent such scope and practice standards are consistent with the Board's enabling law, Chapter 55, Title 54, Idaho Code when providing antepartum, intrapartum, postpartum, and newborn care~~ applicable standard of care when providing antepartum, intrapartum, postpartum, and newborn care, consistent with Title 54, Chapter 55, Idaho Code. (3-28-23)()

01. Conditions for Which a Licensed Midwife May Not Provide Care Without Health Care Provider Involvement. A licensed midwife may not provide care for a client with a history of the disorders, diagnoses, conditions, or symptoms listed in ~~Section 54-5505(1)(e)(ii)~~ Title 54, Chapter 55, Idaho Code, unless such disorders, diagnoses, conditions or symptoms are being treated, monitored or managed by a licensed health care provider. In ~~Section 54-5505(1)(e)(ii)(14)~~ Title 54, Chapter 55, Idaho Code, "history" includes illicit drug use or addiction during the current pregnancy. (3-28-23)()

02. Conditions for Which a Licensed Midwife Must Facilitate Hospital Transfer. A licensed midwife must facilitate the immediate transfer of a client to a hospital for emergency care if the client has any of the disorders, diagnoses, conditions or symptoms listed in ~~Section 54-5505(1)(e)(iv)~~ Title 54, Chapter 55, Idaho Code. Maternal fever in labor of more than 100.4 degrees Fahrenheit, in the absence of environmental factors; suggestion of fetal jeopardy, such as frank bleeding before delivery, any abnormal bleeding (with or without abdominal pain); evidence of placental abruption, meconium with non-reassuring fetal heart tone patterns where birth is not imminent; or abnormal fetal heart tones with non-reassuring patterns where birth is not imminent; (3-28-23)()