CHAPTER 147D

TRADITIONAL MIDWIVES

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147D.01 DEFINITIONS.

Subdivision 1. **Applicability.** The definitions in this section apply to this chapter.

Subd. 2. **Advisory council.** "Advisory council" means the Advisory Council of Traditional Midwifery established under section 147D.25.

Subd. 3. **Approved education program.** "Approved education program" means a university, college, or other education program leading to eligibility for certification in midwifery that is approved or accredited by the Midwifery Education and Accreditation Council (MEAC) or its successor, or a national accrediting organization recommended by the advisory council and approved by the board.

Subd. 4. **Board.** "Board" means the Board of Medical Practice.

Subd. 5. **Contact hour.** "Contact hour" means 50 consecutive minutes, excluding coffee breaks, registration, meals without a speaker, and social activities, of a board-approved learning experience either through an instructional session or clinical practice.

Subd. 6. **Credential.** "Credential" means a license, permit, certification, registration, or other evidence of qualification or authorization to engage in the practice of traditional midwifery in this state or any other state.

Subd. 7. **Credentialing examination.** "Credentialing examination" means an examination administered by the North American Registry of Midwives (NARM) or its successor, or other national testing organization recommended by the advisory council and approved by the board for credentialing as a licensed traditional midwife. A credentialing examination must include a written examination and a skills assessment.

Subd. 8. **Normal pregnancy.** "Normal pregnancy" means a pregnancy that is progressing and proceeding spontaneously without the need for medical intervention or the use of instruments and where spontaneous onset of labor occurs between 37 and 42 weeks.

Subd. 9. **Traditional midwifery services.** "Traditional midwifery services" means the assessment and care of a woman and newborn during pregnancy, labor, birth, and the postpartum period outside a hospital.

Subd. 10. **Transfer of care.** "Transfer of care" means transferring, during the course of pregnancy, the responsibility of providing services to a client from the traditional midwife to a licensed health care provider.

Subd. 11. **Transport.** "Transport" means the transferring during labor, birth, or the postpartum period of the client to a hospital.

History: *1999 c 162 s 1*

147D.03 MIDWIFERY.

Subdivision 1. **General.** Within the meaning of sections 147D.01 to 147D.27, a person who shall publicly profess to be a traditional midwife and who, for a fee, shall assist or attend to a woman in pregnancy, childbirth outside a hospital, and postpartum, shall be regarded as practicing traditional midwifery. A certified midwife licensed by the Board of Nursing under chapter 148G is not subject to the provisions of this chapter.

Subd. 2. **Scope of practice.** The practice of traditional midwifery includes but is not limited to:

(1) initial and ongoing assessment for suitability of traditional midwifery care;

(2) providing prenatal education and coordinating with a licensed health care provider as necessary to provide comprehensive prenatal care, including the routine monitoring of vital signs, indicators of fetal developments, and ordering standard prenatal laboratory tests and imaging, as needed, with attention to the physical, nutritional, and emotional needs of the woman and her family;

(3) attending and supporting the natural process of labor and birth;

(4) postpartum care of the mother and an initial assessment of the newborn;

(5) providing information and referrals to community resources on childbirth preparation, breastfeeding, exercise, nutrition, parenting, and care of the newborn; and

(6) ordering ultrasounds, providing point-of-care testing, and ordering laboratory tests that conform to the standard prenatal protocol of the licensed traditional midwife's standard of care.

Subd. 3. **Unauthorized services.** The practice of traditional midwifery does not include:

(1) the use of any surgical instrument at a childbirth, except as necessary to sever the umbilical cord or repair a first- or second-degree perineal laceration;

(2) the assisting of childbirth by artificial or mechanical means; or

(3) the removal of a placenta accreta.

History: *1999 c 162 s 2; 2020 c 115 art 2 s 18; 1Sp2025 c 3 art 3 s 6*

147D.05 PROFESSIONAL CONDUCT.

Subdivision 1. **Practice standards.** (a) A licensed traditional midwife shall provide an initial and ongoing screening to ensure that each client receives safe and appropriate care. A licensed traditional midwife shall only accept and provide care to those women who are expected to have a normal pregnancy, labor, and delivery. As part of the initial screening to determine whether any contraindications are present, the licensed traditional midwife must take a detailed health history that includes the woman's social, medical, surgical, menstrual, gynecological, contraceptive, obstetrical, family, nutritional, and drug/chemical use histories. If a licensed traditional midwife determines at any time during the course of the pregnancy that a woman's condition may preclude attendance by a traditional midwife, the licensed traditional midwife must refer the client to a licensed health care provider. As part of the initial and ongoing screening, a licensed traditional

midwife must provide or recommend that the client receive the following services, if indicated, from an appropriate health care provider:

(1) initial laboratory pregnancy screening, including blood group and type, antibody screen, Indirect Coombs, rubella titer, CBC with differential and syphilis serology;

(2) gonorrhea and chlamydia cultures;

(3) screening for sickle cell;

(4) screening for hepatitis B and human immunodeficiency virus (HIV);

(5) maternal serum alpha-fetoprotein test and ultrasound;

(6) Rh antibody and glucose screening at 28 weeks gestation;

(7) mandated newborn screening;

(8) Rh screening of the infant for maternal RhoGAM treatment; and

(9) screening for premature labor.

(b) A client must make arrangements to have the results of any of the tests described in paragraph (a) sent to the licensed traditional midwife providing services to the client. The licensed traditional midwife must include these results in the client's record.

Subd. 2. **Written plan.** A licensed traditional midwife must prepare a written plan with each client to ensure continuity of care throughout pregnancy, labor, and delivery. The written plan must incorporate the conditions under which the medical consultation plan, including the transfer of care or transport of the client, may be implemented.

Subd. 3. **Health regulations.** A licensed traditional midwife must comply with all applicable state and municipal requirements regarding public health.

Subd. 4. **Client records.** A licensed traditional midwife must maintain a client record on each client, including:

(1) a copy of the informed consent form described in section 147D.07;

(2) evidence of an initial client screening described in this section;

(3) a copy of the written plan described in subdivision 2;

(4) a record of prenatal and postpartum care provided to the client at each visit; and

(5) a detailed record of the labor and delivery process.

Subd. 5. **Data.** All records maintained on each client by a licensed traditional midwife are subject to sections 144.291 to 144.298.

History: *1999 c 162 s 3; 2007 c 147 art 10 s 15; 2016 c 125 s 5*

147D.07 INFORMED CONSENT.

Subdivision 1. **General.** Before providing any services to a client, a licensed traditional midwife must:

(1) advise the client of the information contained in the informed consent form;

(2) provide the client with an informed consent form; and

(3) have the form returned with the client's signature attesting that the client understands the consent form and the information contained in the form.

Subd. 2. **Contents.** The informed consent form must be written in language understandable to the client and, at a minimum, must contain the following:

(1) name, address, telephone number, and license number of the licensed traditional midwife;

(2) a description of the licensed traditional midwife's education, training, and experience in traditional midwifery;

(3) the licensed traditional midwife's fees and method of billing;

(4) the right of the client to file a complaint with the board and the procedures for filing a complaint;

(5) a description of the licensed traditional midwife's medical consultation plan and the antepartum, intrapartum, and postpartum conditions requiring consultation, transfer of care, or transport to a hospital;

(6) the scope of care and services to be provided to the client by the licensed traditional midwife;

(7) the available alternatives to traditional midwifery care;

(8) a statement indicating that the client's records and any transaction with the licensed traditional midwife are confidential;

(9) a notice that reads: "We realize that there are risks associated with birth, including the risk of death or disability of either mother or child. We understand that a situation may arise, which requires emergency medical care and that it may not be possible to transport the mother and/or baby to the hospital in time to benefit from such care. We fully accept the outcome and consequences of our decision to have a licensed traditional midwife attend us during pregnancy and at our birth. We realize that our licensed traditional midwife is not licensed to practice medicine. We are not seeking a licensed physician or certified nurse midwife as the primary caregiver for this pregnancy, and we understand that our licensed traditional midwife shall inform us of any observed signs or symptoms of disease, which may require evaluation, care, or treatment by a medical practitioner. We agree that we are totally responsible for obtaining qualified medical assistance for the care of any disease or pathological condition.";

(10) the right of a client to refuse services unless otherwise provided by law;

(11) a disclosure of whether the licensed traditional midwife carries malpractice or liability insurance; and

(12) the client's and licensed traditional midwife's signatures and date of signing.

Subd. 3. **Filing.** The licensed traditional midwife must have a signed informed consent form on file for each client. Upon request, the licensed traditional midwife must provide a copy of the informed consent form to the board.

History: *1999 c 162 s 4*

147D.09 LIMITATIONS OF PRACTICE.

(a) A licensed traditional midwife shall not prescribe, dispense, or administer prescription drugs, except as permitted under paragraph (b).

(b) A licensed traditional midwife may obtain, possess, and administer vitamin K either orally or through intramuscular injection, maternal RhoGAM treatment, postpartum antihemorrhagic drugs under emergency situations, local anesthetic, oxygen, and a prophylactic eye agent to the newborn infant.

(c) A licensed traditional midwife shall not perform any operative or surgical procedures except for suture repair of first- or second-degree perineal lacerations.

History: *1999 c 162 s 5; 2016 c 125 s 6; 2024 c 77 s 1*

147D.11 MEDICAL CONSULTATION PLAN.

(a) To be eligible for licensure as a traditional midwife, an applicant must develop a medical consultation plan, including an emergency plan. The plan must describe guidelines and under what conditions the plan is to be implemented for:

(1) consultation with a licensed health care provider;

(2) the transfer of care to a licensed health care provider; and

(3) immediate transport to a hospital.

(b) The conditions requiring the implementation of the medical consultation plan must meet at a minimum the conditions established by the Minnesota Midwives Guild in the Standards of Care and Certification Guide, the most current edition.

History: *1999 c 162 s 6*

147D.13 REPORTING.

Subdivision 1. **Record of birth.** A licensed traditional midwife must complete a record of birth in accordance with section 144.215.

Subd. 2. **Practice report.** (a) A licensed traditional midwife must compile a summary report on each client. The report must include the following:

(1) vital records;

(2) scope of care administered;

(3) whether the medical consultation plan was implemented; and

(4) any physician or other health care provider referrals made.

(b) The board or advisory council may review these reports at any time upon request.

Subd. 3. **Public health report.** A licensed traditional midwife must promptly report to the commissioner of health and to the board any maternal, fetal, or neonatal mortality or morbidity.

Subd. 4. **Disciplinary action.** A licensed traditional midwife must report to the board termination, revocation, or suspension of the licensed traditional midwife's certification or any disciplinary action taken against the licensed traditional midwife by the North American Registry of Midwives.

History: *1999 c 162 s 7; 1Sp2001 c 9 art 15 s 32; 2015 c 21 art 1 s 109; 2016 c 125 s 7*

147D.15 PROTECTED TITLES.

Subdivision 1. **Protected titles.** No person may use the title "licensed traditional midwife," or "licensed midwife," or use, in connection with the person's name, the letters "LTM," "LM," or any other titles, words, letters, abbreviations, or insignia indicating or implying that the person is licensed or eligible for licensure by the state as a licensed traditional midwife unless the person has been licensed as a licensed traditional midwife according to this chapter.

Subd. 2. **Prohibited from practicing.** A person whose license under this chapter has been revoked by the board is prohibited from practicing traditional midwifery.

Subd. 3. **Penalty.** A person who violates this section is guilty of a misdemeanor.

History: *1999 c 162 s 8*

147D.17 LICENSURE REQUIREMENTS.

Subdivision 1. **General requirements for licensure.** To be eligible for licensure, an applicant, with the exception of those seeking licensure by reciprocity under subdivision 2, must:

(1) submit a completed application on forms provided by the board along with all fees required under section 147D.27 that includes:

(i) the applicant's name, Social Security number, home address and telephone number, and business address and telephone number;

(ii) a list of degrees received from educational institutions;

(iii) a description of the applicant's professional training;

(iv) a list of registrations, certifications, and licenses held in other jurisdictions;

(v) a description of any other jurisdiction's refusal to credential the applicant;

(vi) a description of all professional disciplinary actions initiated against the applicant in any jurisdiction; and

(vii) any history of drug or alcohol abuse, and any misdemeanor or felony conviction;

(2) submit a diploma from an approved education program or submit evidence of having completed an apprenticeship;

(3) submit a verified copy of a valid and current credential, issued by the North American Registry of Midwives or other national organization recommended by the advisory council and approved by the board, as a certified professional midwife;

(4) submit current certification from the American Heart Association or the American Red Cross for adult and infant cardiopulmonary resuscitation;

(5) submit a copy of the applicant's medical consultation plan;

(6) submit documentation verifying that the applicant has the following practical experience through an apprenticeship or other supervisory setting:

(i) the provision of 75 prenatal examinations, including 20 initial examinations;

(ii) supervised participation in 20 births, ten of which must be in a home setting;

(iii) participation as the primary birth attendant under the supervision of a licensed traditional midwife at an additional 20 births, ten of which must have occurred outside a state licensed health care facility;

(iv) 20 newborn examinations; and

(v) 40 postpartum examinations;

(7) submit additional information as requested by the board, including any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public;

(8) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief; and

(9) sign a waiver authorizing the board to obtain access to the applicant's records in this or any other state in which the applicant has completed an approved education program or engaged in the practice of traditional midwifery.

Subd. 2. **Licensure by reciprocity.** To be eligible for licensure by reciprocity, the applicant must be credentialed by the North American Registry of Midwives or other national organization recommended by the advisory council and approved by the board and must:

(1) submit the application materials and appropriate fees as required under subdivision 1, clauses (1), (3), (4), (5), (6), (7), (8), and (9), and section 147D.27;

(2) provide a verified copy from the appropriate body of a current and unrestricted credential for the practice of traditional midwifery in another jurisdiction that has initial credentialing requirements equivalent to or higher than the requirements in subdivision 1; and

(3) provide letters of verification from the appropriate government body in each jurisdiction in which the applicant holds a credential. Each letter must state the applicant's name, date of birth, credential number, date of issuance, a statement regarding disciplinary actions, if any, taken against the applicant, and if the applicant is in good standing in that jurisdiction.

Subd. 3. **Temporary permit.** The board may issue a temporary permit to practice as a licensed traditional midwife to an applicant eligible for licensure under this section if the application for licensure is complete, all applicable requirements in this section have been met, and a nonrefundable fee set by the board has been paid. The permit remains valid only until the meeting of the board at which a decision is made on the application for licensure.

Subd. 4. MS 2014 [Repealed, 2016 c 125 s 16]

Subd. 5. **License expiration.** Licenses issued under this chapter expire annually.

Subd. 6. **Renewal.** (a) To be eligible for license renewal, a licensed traditional midwife must:

(1) complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide evidence every three years of a total of 30 hours of continuing education approved by the board as described in section 147D.21;

(4) submit evidence of an annual peer review and update of the licensed traditional midwife's medical consultation plan; and

(5) submit any additional information requested by the board. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(b) A licensee must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first-class United States mail, addressed to the licensee at the licensee's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve a licensee of the obligation to comply with this section.

(c) The name of a licensee who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Subd. 7. **Change of address.** A licensed traditional midwife who changes addresses must inform the board within 30 days, in writing, of the change of address. All notices or other correspondence mailed to or served on a licensed traditional midwife by the board at the licensed traditional midwife's address on file with the board shall be considered as having been received by the licensed traditional midwife.

Subd. 8. **License renewal notice.** At least 30 days before the license renewal date, the board shall send out a renewal notice to the last known address of the licensed traditional midwife on file. The notice must include a renewal application and a notice of fees required for renewal. It must also inform the licensed traditional midwife that licensure will expire without further action by the board if an application for license renewal is not received before the deadline for renewal. The licensed traditional midwife's failure to receive this notice shall not relieve the licensed traditional midwife of the obligation to meet the deadline and other requirements for license renewal. Failure to receive this notice is not grounds for challenging expiration of licensure status.

Subd. 9. **Renewal deadline.** The renewal application and fee must be postmarked on or before July 1 or as determined by the board. If the postmark is illegible, the application shall be considered timely if received by the third working day after the deadline.

Subd. 10. **Inactive status and return to active status.** (a) A license may be placed in inactive status upon application to the board by the licensed traditional midwife and upon payment of an inactive status fee.

(b) Licensed traditional midwives seeking restoration to active from inactive status must pay the current renewal fees and all unpaid back inactive fees. They must meet the criteria for renewal specified in subdivision 6, including continuing education hours equivalent to one hour for each month of inactive status, prior to submitting an application to regain licensure status. If the inactive status extends beyond five years, a qualifying score on a credentialing examination, or completion of an advisory council-approved eight-week supervised practical experience is required. If the licensed traditional midwife intends to regain active licensure by means of eight weeks of advisory council-approved practical experience, the licensed traditional midwife shall be granted temporary licensure for a period of no longer than six months.

Subd. 11. **Licensure following lapse of licensure status for two years or less.** For any individual whose licensure status has lapsed for two years or less, to regain licensure status, the individual must:

(1) apply for license renewal according to subdivision 6;

(2) document compliance with the continuing education requirements of section 147D.21 since the licensed traditional midwife's initial licensure or last renewal; and

(3) submit the fees required under section 147D.27 for the period not licensed, including the fee for late renewal.

Subd. 11a. **Licensure following lapse of licensed status; transition.** (a) A licensee whose license has lapsed under subdivision 11 before January 1, 2020, and who seeks to regain licensed status after January 1, 2020, shall be treated as a first-time licensee only for purposes of establishing a license renewal schedule, and shall not be subject to the license cycle conversion provisions in section 147D.29.

(b) This subdivision expires July 1, 2022.

Subd. 12. **Cancellation due to nonrenewal.** The board shall not renew, reissue, reinstate, or restore a license that has lapsed and has not been renewed within two licensure renewal cycles starting July 1999. A licensed traditional midwife whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all requirements then in existence for initial licensure as a licensed traditional midwife.

Subd. 13. **Cancellation of licensure in good standing.** (a) A licensed traditional midwife holding an active license as a licensed traditional midwife in the state may, upon approval of the board, be granted licensure cancellation if the board is not investigating the person as a result of a complaint or information received or if the board has not begun disciplinary proceedings against the licensed traditional midwife. Such action by the board shall be reported as a cancellation of licensure in good standing.

(b) A licensed traditional midwife who receives board approval for licensure cancellation is not entitled to a refund of any license fees paid for the licensure period in which cancellation of the license occurred.

(c) To obtain licensure after cancellation, a licensed traditional midwife must obtain a new license by applying for licensure and fulfilling the requirements then in existence for obtaining an initial license as a traditional midwife.

History: *1999 c 162 s 9; 2019 c 8 art 4 s 1,2*

147D.19 BOARD ACTION ON APPLICATIONS FOR LICENSURE.

(a) The board shall act on each application for licensure according to paragraphs (b) to (d).

(b) The board shall determine if the applicant meets the requirements for licensure under section 147D.17. The board or advisory council may investigate information provided by an applicant to determine whether the information is accurate and complete.

(c) The board shall notify each applicant in writing of action taken on the application, the grounds for denying licensure if licensure is denied, and the applicant's right to review under paragraph (d).

(d) Applicants denied licensure may make a written request to the board, within 30 days of the board's notice, to appear before the advisory council and for the advisory council to review the board's decision to deny the applicant's license. After reviewing the denial, the advisory council shall make a recommendation

to the board as to whether the denial shall be affirmed. Each applicant is allowed only one request for review per licensure period.

History: *1999 c 162 s 10*

147D.21 CONTINUING EDUCATION REQUIREMENTS.

Subdivision 1. **Number of required contact hours.** Three years after the date of initial licensure and every three years thereafter, a licensed traditional midwife must complete a minimum of 30 contact hours of board-approved continuing education and attest to completion of continuing education requirements by reporting to the board. At least five contact hours within a three-year reporting period must involve adult cardiopulmonary resuscitation and either infant cardiopulmonary resuscitation or neonatal advanced life support.

Subd. 2. **Approval of continuing education programs.** The board shall approve continuing education programs that meet the following criteria:

(1) the program content directly relates to the practice of traditional midwifery;

(2) each member of the program faculty is knowledgeable in the subject matter as demonstrated by a degree from an accredited education program, verifiable experience in the field of traditional midwifery, special training in the subject matter, or experience teaching in the subject area;

(3) the program lasts at least one contact hour;

(4) there are specific, measurable, written objectives, consistent with the program, describing the expected outcomes for the participants; and

(5) the program sponsor has a mechanism to verify participation and maintains attendance records for three years.

Subd. 3. **Continuing education topics.** Continuing education program topics may include, but are not limited to, traditional midwifery care in the prenatal, labor, birth, and postpartum and newborn periods; assessing contraindications; care in emergency situations; ethics; and nutrition.

Subd. 4. **Accumulation of contact hours.** A licensed traditional midwife may not apply contact hours acquired in one three-year reporting period to a future continuing education reporting period.

Subd. 5. **Verification of continuing education credits.** The board shall periodically select a random sample of licensed traditional midwives and require those licensed traditional midwives to supply the board with evidence of having completed the continuing education to which they attested. Documentation may come directly from the licensed traditional midwife or from state or national organizations that maintain continuing education records.

History: *1999 c 162 s 11*

147D.23 DISCIPLINE; REPORTING.

For purposes of this chapter, licensed traditional midwives and applicants are subject to the provisions of sections 147.091 to 147.162.

History: *1999 c 162 s 12*

147D.25 ADVISORY COUNCIL ON LICENSED TRADITIONAL MIDWIFERY.

Subdivision 1. **Membership.** The board shall appoint a five-member Advisory Council on Licensed Traditional Midwifery. One member shall be a licensed physician who has been or is currently consulting or collaborating with licensed traditional midwives appointed from a list of names submitted to the board by the Minnesota Council of Certified Professional Midwives or its successors. Three members shall be licensed traditional midwives appointed from a list of names submitted to the board by Midwifery Now and the Minnesota Council of Certified Professional Midwives or their successors. One member shall be a parent of a child born under the care of a licensed traditional midwife appointed from a list of names submitted to the board by Minnesota Families for Midwifery, or its successor.

Subd. 2. **Organization.** The advisory council shall be organized and administered under section 15.059.

Subd. 3. **Duties.** The advisory council shall:

(1) advise the board regarding standards for licensed traditional midwives;

(2) provide for distribution of information regarding licensed traditional midwifery practice standards;

(3) advise the board on enforcement of this chapter;

(4) review applications and recommend granting or denying licensure or license renewal;

(5) advise the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against licensed traditional midwives;

(6) advise the board regarding approval of continuing education programs using the criteria in section 147D.21, subdivision 2;

(7) recommend alternate accrediting and credentialing organizations or agencies to the board; and

(8) perform other duties authorized for advisory councils by chapter 214, as directed by the board.

History: *1999 c 162 s 13; 2003 c 87 s 3; 2007 c 123 s 10; 2016 c 125 s 8*

147D.27 FEES.

Subdivision 1. **Licensure fee.** The license application fee is $100. The fee for initial licensure and annual renewal is $100. The fee for inactive status is $50. The fee for a temporary permit is $75.

Subd. 2. **Proration of fees.** The board may prorate the initial licensure fee. All licensed traditional midwives are required to pay the full fee upon license renewal.

Subd. 3. **Penalty fee for late renewals.** An application for license renewal submitted after the deadline must be accompanied by a late fee of $75 in addition to the required fees.

Subd. 4. **Nonrefundable fees.** The fees in this section are nonrefundable.

Subd. 5. MS 2022 [Repealed, 2023 c 25 s 190]

Subd. 6. **Other fees.** (a) The board may also charge the following nonrefundable fees:

(1) traditional midwifery annual registration fee, $100;

(2) traditional midwifery application fee, $100;

(3) traditional midwifery late fee, $75;

(4) traditional midwifery inactive status fee, $50;

(5) traditional midwifery temporary permit fee, $75;

(6) traditional midwifery certification fee, $25;

(7) duplicate license or registration fee, $20;

(8) certification letter fee, $25;

(9) education or training program approval fee, $100;

(10) report creation and generation fee, $60 per hour billed in quarter-hour increments with a quarter-hour minimum; and

(11) verification fee, $25.

(b) The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

History: *1999 c 162 s 14; 2019 c 8 art 7 s 7; 1Sp2019 c 9 art 10 s 4; 2020 c 79 art 1 s 8; 2023 c 25 s 50*

147D.29 LICENSE RENEWAL CYCLE CONVERSION.

Subdivision 1. **Generally.** The license renewal cycle for traditional midwife licensees is converted to an annual cycle where renewal is due on the last day of the licensee's month of birth. Conversion pursuant to this section begins January 1, 2020. This section governs license renewal procedures for licensees who were licensed before December 31, 2019. The conversion renewal cycle is the renewal cycle following the first license renewal after January 1, 2020. The conversion license period is the license period for the conversion renewal cycle. The conversion license period is between six and 17 months and ends the last day of the licensee's month of birth in either 2020 or 2021, as described in subdivision 2.

Subd. 2. **Conversion of license renewal cycle for current licensees.** For a licensee whose license is current as of December 31, 2019, the licensee's conversion license period begins on January 1, 2020, and ends on the last day of the licensee's month of birth in 2020, except that for licensees whose month of birth is January, February, March, April, May, or June, the licensee's renewal cycle ends on the last day of the licensee's month of birth in 2021.

Subd. 3. **Conversion of license renewal cycle for noncurrent licensees.** This subdivision applies to an individual who was licensed before December 31, 2019, but whose license is not current as of December 31, 2019. When the individual first renews the license after January 1, 2020, the conversion renewal cycle begins on the date the individual applies for renewal and ends on the last day of the licensee's month of birth in the same year, except that if the last day of the individual's month of birth is less than six months after the date the individual applies for renewal, then the renewal period ends on the last day of the individual's month of birth in the following year.

Subd. 4. **Subsequent renewal cycles.** After the licensee's conversion renewal cycle under subdivision 2 or 3, subsequent renewal cycles are annual and begin on the last day of the month of the licensee's birth.

Subd. 5. **Conversion period and fees.** (a) A licensee who holds a license issued before January 1, 2020, and who renews that license pursuant to subdivision 2 or 3, shall pay a renewal fee as required in this subdivision.

(b) A licensee shall be charged the annual license fee listed in section 147D.27 for the conversion license period.

(c) For a licensee whose conversion license period is six to 11 months, the first annual license fee charged after the conversion license period shall be adjusted to credit the excess fee payment made during the conversion license period. The credit is calculated by: (1) subtracting the number of months of the licensee's conversion license period from 12; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(d) For a licensee whose conversion license period is 12 months, the first annual license fee charged after the conversion license period shall not be adjusted.

(e) For a licensee whose conversion license period is 13 to 17 months, the first annual license fee charged after the conversion license period shall be adjusted to add the annual license fee payment for the months that were not included in the annual license fee paid for the conversion license period. The added payment is calculated by: (1) subtracting 12 from the number of months of the licensee's conversion license period; and (2) multiplying the result of clause (1) by 1/12 of the annual fee rounded up to the next dollar.

(f) For the second and all subsequent license renewals made after the conversion license period, the licensee's annual license fee is as listed in section 147D.27.

Subd. 6. **Expiration.** This section expires July 1, 2022.

History: *2019 c 8 art 4 s 3*