

Clinical Privileging and Medical Staff Provisions in Law and Rule

A Brief Consideration of State Policies Pertaining to
Certified Nurse-Midwives (CNM[®])
and Certified Midwives (CM[®])

Data as of August 2012

Explanation of Categories Used

Many of the statutes and regulations pertaining to medical staff membership and clinical privileging are relatively ambiguous; they are notable for what they say as much as what they do *not* say. The categories assigned to states are ACNM's interpretation of the applicable law or rule and should be viewed as guidance only.

Notably, most states leave the interpretation to individual hospital governing bodies, which means that there is conceivably much variability in the privileges granted to midwives. Many anti-discrimination rules do not explicitly extend to midwives.



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Privileges were considered to be explicitly granted when midwives were specifically included as eligible practitioners.

Conversely, privileges were considered to be explicitly denied when there was language that noted that clinical privileges or medical staff membership “shall be” or “must be” limited to certain practitioners, typically physicians.

Many of the states’ provisions fell into gray areas and necessitated categorization by implication.

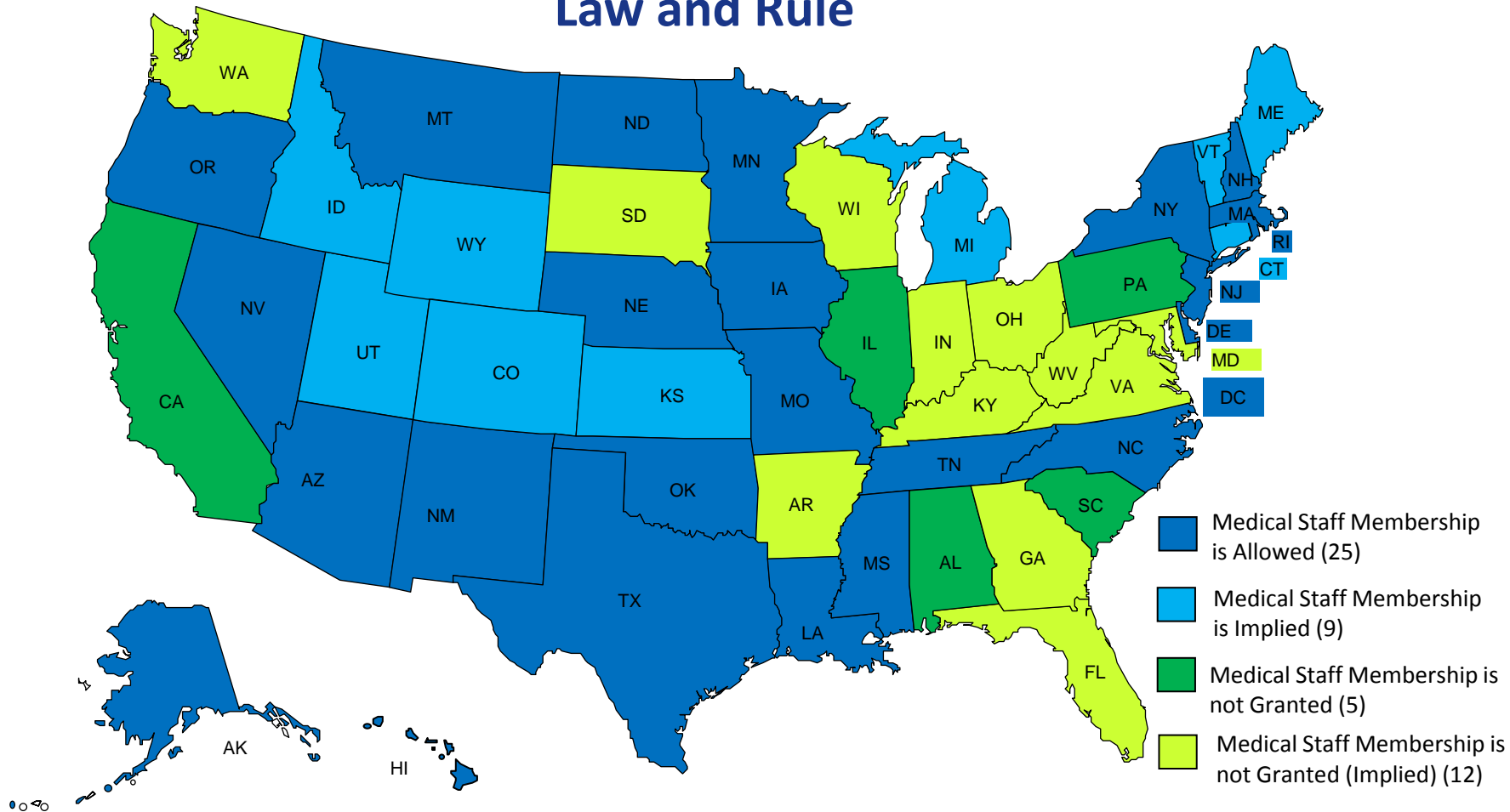
A full description of the rationale behind each state’s categorization may be found in the “Clinical Privileging and Medical Staff Provisions” state policy brief.



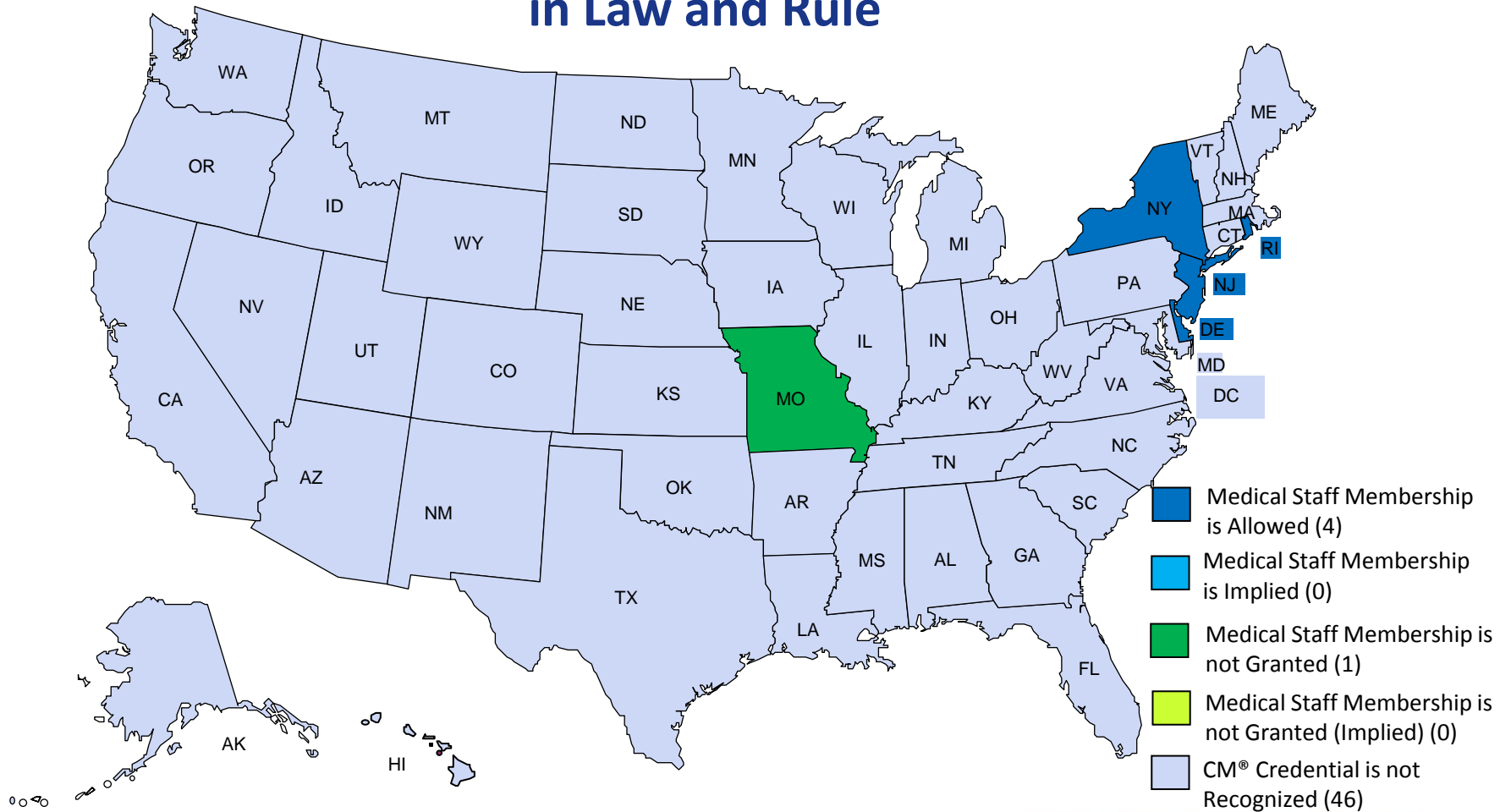
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Medical Staff Provisions for Certified Nurse-Midwives (CNM®) in Law and Rule



Medical Staff Provisions for Certified Midwives (CM®) in Law and Rule



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