

**South Dakota Board of Nursing and
Board of Medical and Osteopathic Examiners
JOINT BOARDS MEDICINE**

Special Board Meeting
Thursday, September 24, 2015
12:00 noon (central time)/11:00 am (mountain time)

To participate by:

Phone: Please call phone number: (605) 773-2300
Conference password: 2000#

DDN Sites: Pierre: CAP B, 500 E. Capitol
Rapid City: TIE, 1925 Plaza Blvd. Dakota Room

In person: Board Conference Room, 101 N. Main Ave., Suite 215 (on 2nd floor), Sioux Falls, SD

Unapproved Draft Minutesⁱ

Special Meeting of Joint Boards of Medicine and Nursing 12:00 noon (CT) Thursday, September 25, 2015

Joint Boards Members Present:

Kevin Bjordahl, MD, Walter Carlson, MD; Mary Carpenter, MD; David Erickson, MD;
Laurie Landeen, MD; Brent Lindbloom, DO; Darlene Bergeleen, RN; June Larson, RN; Mr. Adrian
Mohr; Jean Murphy, RN; Nancy Nelson, RN; Sharon Neuharth, LPN; Kristin Possehl, RN;
Mary Schmidt, LPN.

Joint Boards Members Absent: Ms. Deb Bowman; Mr. David Lust; Dr. Jeffrey Murray;
Diana Berkland, RN; Christine Callaghan, LPN; Ms. Betty Oldenkamp.

Medical Board Staff Present: Margaret Hansen, PA-C; Mr. Tyler Klatt; Ms. Jane Phalen

Nursing Board Staff Present: Gloria Damgaard, RN; Linda Young, RN; Ms. Jill Vanderbush;
Ms. Erin Matthies;

Counsel: Kristine Kreiter O'Connell

1. Dr. Brent Lindbloom, presiding officer of the Joint Boards of Medicine and Nursing, called the meeting to order at 12:00 noon. Roll was called and a quorum was confirmed.
2. A motion: to approve the minutes of the September 11, 2014 Joint Boards meeting was ratified by roll call vote (Carlson/unanimous).
3. A motion: to approve the agenda was ratified by roll call vote (Possehl/unanimous)
- 4a. A motion: to designate the office of the Board of Nursing as the principal office for the Joint Boards was ratified by roll call vote (Carlson/unanimous).
- 4bi. A motion: to direct staff to move forward with the administrative rules process for medical assistants in ARSD Chapter 20-78 was ratified by roll call vote (Carlson/unanimous).
- 4bii. Ms. Damgaard provided background information on the statewide goal of improving access to health care for the citizens of South Dakota. The Boards were instructed by the Department of Health to review statute and rule in order to rule out any current barriers to access to healthcare. The revised draft of the definition of direct supervision for medical assistants was presented with a request that the Joint Boards move forward in the administrative rules process to define direct supervision as occurring by electronic communications. A motion to approve the draft revision was ratified by roll call vote (Carlson/unanimous).

Ms. Damgaard then presented proposed revisions to ARSD 20:62 for certified nurse practitioners and certified nurse midwives rules related to collaboration by direct personal contact. It was requested that the Joint Boards consider updates to the definitions of collaboration and direct personal contact to allow the collaboration to take place by means of electronic communication. A motion to direct the staff to move forward in the administrative rules process to revise the definition of collaboration and direct personal contact as occurring by electronic communications in *ARSD* 20:62:03:03 and *ARSD* 20:62:03:04, and to repeal *ARSD* 20:78:03:05 was ratified by roll call vote (Murphy/unanimous).

- 4biii. A motion to instruct the staff to move forward with the administrative rules process in revising *ARSD* 20:62:01:02 to strike the requirement of a September date for the Joint Boards annual meeting was ratified by roll call vote (Carlson/unanimous).
- 4c. Election of officers: a motion to elect Nancy Nelson as the presiding officer of the Joint Boards was ratified by roll call vote (Possehl/unanimous). A motion to elect Dr. Laurie Landeen as the secretary of the Joint Boards was ratified by voice vote (Carlson/unanimous). Dr. Landeen abstained.
- 5. A motion to approve the consent agenda was ratified by roll call vote (Carlson/unanimous).

There being no further business the meeting adjourned at 12:45 pm.

ⁱ 1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.



MINUTES
Joint Board Meeting
South Dakota Board of Nursing and
South Dakota Board of Medical and Osteopathic Examiners
September 11, 2014

SD Board of Medical and Osteopathic Examiners Members:

Kevin Bjordahl, MD	Present
Deb Bowman	Present
Walter Carlson, MD	Present
Mary Carpenter, MD	Present
Bernie Christenson	Absent
David Erickson, MD	Present
Laurie Landeen, MD	Present
Brent Lindbloom, DO	Absent, Secretary
Jeffrey Murray, MD	Present

SD Board of Nursing Members:

Darlene Bergeleen, RN	Present
Diana Berkland, RN	Present
Christine Callaghan, LPN	Absent
June Larson, RN	Present, Presiding Officer
Adrian Mohr	Present
Jean Murphy, RN	Present
Nancy Nelson, RN	Present
Sharon Neuharth, LPN	Present
Betty Oldenkamp	Absent
Kristin Possehl, RN	Present
Mary Schmidt, LPN	Present

Staff Present:

Margaret Hansen, PA-C, MPAS	SD BMOE Executive Director
Gloria Damgaard, RN, MS	SD BON Executive Director
Linda Young, RN, MS	SD BON Staff
Jane Phalen	SD BMOE Staff
Erin Matthies	SD BON Staff
Jill Vanderbush	SD BON Staff
William Golden	SD BMOE Attorney
Kristine O'Connell	SD BON Attorney
Roxanne Giedd	SD BMOE Attorney

- 1. Call to Order and Roll Call** Presiding Officer J Larson called the meeting to order at 9:06 a.m. on September 11, 2014.
- 2. Approval of Minutes** The September 11, 2013 minutes were approved as presented in a unanimous voice vote.
- 3. Approval of the Agenda** The agenda was approved as presented in a unanimous voice vote.
- 4. Reports**
 - a. Financial Report of Activity** G Damgaard presented the Joint Board financial report for the 2014 fiscal year and responded to questions. Discussion was held on revenue, expenses, the number of new graduates licensed annually, educational preparation of nurse practitioners (NP), and Mount Marty College's NP program accreditation.



MINUTES
Joint Board Meeting
South Dakota Board of Nursing and
South Dakota Board of Medical and Osteopathic Examiners
September 11, 2014

MOTION

D Erickson moved approval of the financial report. Seconded by J Murray. The financial report was approved as presented in a unanimous voice vote.

- b. Report on Out-of-Hospital Births
Performed by Certified Nurse
Midwives

L Young presented the 2014 report and responded to questions. The number and outcomes of women choosing an out-of-hospital birth attended by a CNM were discussed. M Carpenter requested a subcommittee meet twice a year to discuss birth outcomes. L Young will coordinate meetings in January and July/August with board members, L Landeen, B Lindbloom, D Berkland, K Possehl, and board staff.

MOTION

D Erickson moved to accept the report. Seconded by K Bjordahl. The Report on Out-of-Hospital Births Performed by CNMs was approved as presented in a unanimous voice vote.

5. New Business

- a. Election of Officers

Administration Rule 20:62:01:05. Presiding officer and secretary. At the annual meeting of the boards, the last order of business shall be to elect a presiding officer and a secretary of the boards to serve through the next annual meeting. One officer shall be elected from each of the two separate boards.

MOTION

M Carpenter moved to nominate B Lindbloom for Presiding Officer. Seconded by W Carlson. B Lindbloom was approved as Presiding Officer for the 2015 meeting in a unanimous voice vote.

MOTION

D Berkland moved to nominate K Possehl for Secretary. Seconded by S Neuharth. K Possehl was approved as Secretary for the 2015 meeting in a unanimous voice vote.

- b. Date of Next Joint Board Meeting

Administrative Rule 20:62:01:02. Annual Meetings. An annual meeting of the boards shall be held each year in September at a place designated by the presiding officer of the boards.

The next Joint Board Meeting will be held at 9 a.m., Thursday, September 10, 2015.

6. Adjournment

MOTION

K Possehl moved to adjourn the meeting. Seconded by N Nelson. All members approved by unanimous voice vote.

Meeting adjourned at 9:36 a.m.

**South Dakota Board of Nursing and
Board of Medical and Osteopathic Examiners**

JOINT BOARDS MEETING

Thursday, September 24, 2015

12:00 noon (Central Time)/11:00 am (Mountain Time)

To participate by:

Phone: please call phone number: (605) 773-2300

when prompted please enter the conference password: 2000#

DDN Sites: Pierre: CAP B, 500 E. Capitol

Rapid City: Technology and Innovation in Education, 1925 Plaza Blvd., in the Dakota Room)

In person: Board Conference Room, 101 N. Main Avenue, Suite 215 (on 2nd Floor), Sioux Falls, SD

Joint Boards Agenda

1. Call to Order & Roll Call
 - a. Presiding Officer – Brent Lindbloom
 - b. Secretary – Kristen Possehl
2. Approval of Minutes: September 11, 2014
3. Approval of Agenda
4. New Business
 - a. Designation of the office for the Board of Nursing as the principal office for the Joint Boards
 - b. Administrative rules: Initial Review and requests for staff to move forward
 - i. Proposed and Revisions for Medical Assistants:
 - ii. Proposed Revisions to ARSD 20:62 certified nurse practitioners and certified nurse midwives
 - iii. Proposed Revision to ARSD 20:62:01:02. Annual meetings. An annual meeting of the boards shall be held each year ~~in September~~ at a place designated by the presiding officer of the boards.
 - c. Election of Officers
 1. Administrative Rule 20:62:01:05. Presiding officer and secretary. At the annual meeting of the boards, the last order of business shall be to elect a presiding officer and a secretary of the boards to serve through the next annual meeting. One officer shall be elected from each of the two separate boards.
5. Consent agenda:
 - a. Financial Report of Activity Fiscal Year 2015
 - b. 2008-2015 Report on Out-of-Hospital Births Performed by Certified Nurse Midwives
 - c. Date of Next Joint Boards Meeting: September 8, 2016
6. Adjournment

1-25-1.1. Notice of meetings of public bodies--Violation as misdemeanor. All public bodies shall provide public notice, with proposed agenda, that is visible, readable, and accessible for at least an entire, continuous twenty-four hours immediately preceding any meeting, by posting a copy of the notice, visible to the public, ***at the principal office of the public body holding the meeting***. The proposed agenda shall include the date, time, and location of the meeting. The notice shall also be posted on the public body's website upon dissemination of the notice, if such a website exists. For special or rescheduled meetings, the information in the notice shall be delivered in person, by mail, by email, or by telephone, to members of the local news media who have requested notice. For special or rescheduled meetings, all public bodies shall also comply with the public notice provisions of this section for regular meetings to the extent that circumstances permit. A violation of this section is a Class 2 misdemeanor.

(Emphasis supplied)

Source: SL 1987, ch 22, § 2; § 1-25-1.2; SL 1990, ch 19; SL 1990, ch 30, § 2; SL 2012, ch 6, § 1; SL 2013, ch 9, § 1; SL 2015, ch 11, § 1.

September 18, 2015

Memo:

To: Members of the Joint Board of Nursing and Medical and Osteopathic Examiners

From: Gloria Damgaard, Executive Director, SD BON and Margaret Hansen, Executive Director, SDBOME

RE: Medical Assistants Administrative Rules

Issue: The Board of Medical and Osteopathic Examiners and the Board of Nursing may adopt rules for medical assistants per SDCL 36-9B-7. The Board of Medical and Osteopathic Examiners has adopted administrative rules for its regulated professions. The staff requests that medical assistants be included with the other regulated professions in ARSD 20:78. To review the pertinent chapters of ARSD 20:78 see below.

Action Required: Direct staff to move forward with the administrative rules process revise current administrative rules to include medical assistants.

ARTICLE 20:78

BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS

CHAPTER 20:78:03

APPLICATION PROCEDURES

20:78:03.01. Applicability. This chapter applies to the licenses, certificates, and permits issued by the Board of Medical and Osteopathic Examiners under SDCL 36-4 (Physicians and Surgeons), 36-4A (Physician Assistants), 36-4B (Advanced Life Support Personnel), 36-10 (Physical Therapists), 36-10B (Dietetics and Nutrition), 36-29 (Athletic Trainers), 36-31 (Occupational Therapists), and 36-36 (Genetic Counselors).

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-20, 36-4-20.2, 36-4-20.9, 36-4-20.10, 36-4-20.11, 36-4-20.13, 36-4-24.1, 36-4-31.4, 36-4A-1, 36-4A-8, 36-4A-8.1, 36-4B-1, 36-4B-29, 36-10B-1, 36-29-1, 36-31-1, 36-36-1.

20:78:03:02. Initial review. The executive secretary shall review all license, permit, and certificate applications subject to this chapter to determine if the applicant has submitted all required documents, information, fees, and other materials. The executive secretary shall notify the applicant of any materials missing from the application. The applicant has 120 days to provide the information intended to complete the application.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-11, 36-4-17, 36-4-20.2, 36-4-20.7, 36-4-20.10 36-4A-8, 36-4A-8.1, 36-4B-6, 36-4B-13, 36-10-27, 36-10-28, 36-10-35.1, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-31-5, 36-31-6, 36-31-9, 36-36-5, 36-36-9.

20:78:03:03. Incomplete application. If an applicant fails to submit required materials within 120 days of notice that materials are missing from the application, the executive secretary shall designate the application as withdrawn, or, upon receiving a written request showing good cause, may allow an applicant additional time to complete the application. The executive secretary shall notify the applicant if an application is designated as withdrawn.

The executive secretary's designation of an application as withdrawn may be appealed to the board by written notice filed with the executive secretary within ten days after notice of withdrawal by the executive secretary. If no timely appeal to the board is filed, the executive secretary's designation of an application as withdrawn remains.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-11, 36-4-17, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4A-8, 36-4A-8.1, 36-4B-6, 36-4B-13, 36-10-27, 36-10-28, 36-10-35.1, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-31-5, 36-31-6, 36-31-9, 36-36-5, 36-36-9.

20:78:03:04. Primary source documentation. The executive secretary shall initiate processing of complete applications after receiving documentation from primary sources to verify that the applicant has met the education, examination, training, or certification requirements of applicable statutes and regulations. The executive secretary shall notify the applicant when all primary source documentation has been received.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-11, 36-4-17, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4A-8, 36-4A-8.1, 36-4B-6, 36-4B-13, 36-10-27, 36-10-28, 36-10-35.1, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-31-5, 36-31-6, 36-31-9, 36-36-5, 36-36-9.

20:78:03:05. Summary action on application. The executive secretary may summarily deny an application based upon primary source documentation that demonstrates that the applicant has not met the education, examination, training, or certification requirements of applicable statutes and regulations. The executive secretary shall notify the applicant in writing of any summary action taken by the executive secretary. The executive secretary's summary action may be appealed to the board by written notice filed with the executive secretary within ten days after notice of the action taken by the executive secretary. If no timely appeal is filed, the executive secretary's action shall be deemed final board action.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-11, 36-4-17, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4A-8, 36-4A-8.1, 36-4B-6, 36-4B-13, 36-10-27, 36-10-28, 36-10-35.1, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-31-5, 36-31-6, 36-31-9, 36-36-5, 36-36-9.

20:78:03:06. Investigation of application. The executive secretary may determine that the information disclosed in an application or primary source documentation requires investigation to determine whether the applicant meets the qualifications or standards for issuance of a license. The executive secretary shall conduct that investigation, and may appoint a board member to assist in the investigation. The executive secretary shall notify the applicant of any issues requiring investigation. An applicant may meet with the executive secretary and appointed board member to discuss the issues under investigation.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-11, 36-4-17, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4A-8, 36-4A-8.1, 36-4B-6, 36-4B-13, 36-10-27, 36-10-28, 36-10-35.1, 36-10-49, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-39-26, 36-31-5, 36-31-6, 36-31-9, 36-31-22, 36-36-5, 36-36-9.

20:78:03:07. Application withdrawn during investigation. An applicant may withdraw an application after an investigation has been initiated by the executive secretary. An application withdrawn after investigation has been initiated shall be reported as "withdrawn under investigation" in the board's permanent license files and in any national databases to which the board is required to report licensure action.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-11, 36-4-17, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4A-8, 36-4A-8.1, 36-4B-6, 36-4B-13, 36-10-27, 36-10-28, 36-10-35.1, 36-10-49, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-29-26, 36-31-5, 36-31-6, 36-31-9, 36-31-22, 36-36-5, 36-36-9.

20:78:03:08. Executive secretary determinations. Upon completion of the review of an application and any associated investigation, the executive secretary may:

(1) Summarily issue a license, permit, or certificate if the applicant meets the standards and requirements for licensure established by the applicable statutes or regulations;

(2) Recommend the board issue the license, permit, or certificate upon specified terms and conditions; or

(3) Recommend the board deny the license, permit, or certification application.

If the executive secretary recommends issuance of a license, permit, or certificate under specified terms and conditions, or recommends denial of a license, permit, or certificate, the executive secretary shall notify the applicant of the right to contest the executive secretary's recommendation. If contested by the applicant, the executive secretary shall issue a petition for

hearing that sets out the recommendation and the reasons for the recommendation, and initiates a contested case hearing. A copy of the petition for hearing shall be sent to the applicant along with a statement that the applicant is entitled to due process rights, including the right to notice and an opportunity to be heard and to be represented by counsel. The executive secretary and applicant may enter into a settlement agreement concerning the recommendation to be made to the board on the application.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-18, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4-28, 36-4-30, 36-4-31.6, 36-4A-8, 36-4A-8.1, 36-4A-38, 36-4A-39, 36-4B-6, 36-4B-13, 36-4B-31, 36-10-27, 36-10-28, 36-10-29, 36-10-35.1, 36-10-35.2, 36-10-38, 36-10-40, 36-10-41, 36-10B-3, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-29-7, 36-29-22, 36-31-5, 36-31-6, 36-31-9, 36-31-10, 36-31-18, 36-36-5, 36-36-6, 36-36-9, 36-36-13.

20:78:03:09. Provisional licenses, permits, or certificates issued pursuant to settlement agreement. The executive secretary may enter into a settlement agreement with an applicant that provides for the issuance of a provisional license, permit, or certificate by the executive secretary. A provisional license, permit, or certificate issued by the executive secretary is valid only until the board takes final agency action on the settlement agreement and notice is provided to the applicant. Board approval of the settlement agreement ratifies the action of the executive secretary and the license, permit, or certificate is valid for its term under any specified terms and conditions. Board disapproval of a settlement agreement voids the provisional license, permit, or certificate upon notice to the applicant. If the board disapproves a settlement agreement, the board shall schedule a contested case hearing for final agency action on the application and require the executive secretary to file a petition for hearing.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-18, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4-28, 36-4-30, 36-4-31.6, 36-4A-8, 36-4A-8.1, 36-4A-38, 36-4A-39, 36-4B-6, 36-4B-13, 36-4B-31, 36-10-27, 36-10-28, 36-10-29, 36-10-35.1, 36-10-35.2, 36-10-38, 36-10-40, 36-10-41, 36-10B-3, 36-10B-6, 36-10B-7, 36-10B-10, 36-29-3, 36-29-3.1, 36-29-7, 36-29-22, 36-31-5, 36-31-6, 36-31-9, 36-31-10, 36-31-18, 36-36-5, 36-36-9, 36-36-13.

20:78:03:10. Renewals and reinstatement. Renewal and reinstatement applications are subject to the same process as original licenses.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-7, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-11, 36-4-17, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4-20.12, 36-4-24.1, 36-4-24.2, 36-4A-8, 36-4A-8.1, 36-4A-31, 36-4A-32, 36-4A-33, 36-4B-6, 36-4B-13, 36-4B-27, 36-4B-28, 36-10-27, 36-10-28, 36-10-33, 36-10-35.1, 36-10B-3, 36-10B-6, 36-10B-7, 36-10B-9, 36-10B-10, 36-29-3, 36-29-3.1, 36-29-11, 36-29-15, 36-31-5, 36-31-6, 36-31-9, 36-31-11, 36-31-19, 36-36-5, 36-36-9, 36-36-11, 36-36-14.

CHAPTER 20:78:04

COMPLAINT PROCEDURES

Section

20:78:04:01	Applicability.
20:78:04:02	Complaints.
20:78:04:03	Investigations.
20:78:04:04	Completion of complaint investigation.
20:78:04:05	Status of complainant.
20:78:04:06	Effect of failure to renew during investigation.

20:78:04:01. Applicability. The following procedure applies to complaints about holders of the licenses, permits, or certificates regulated by the Board of Medical and Osteopathic Examiners.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

20:78:04:02. Complaints. The executive secretary may initiate an investigation based on a written complaint. Any person filing a complaint shall submit the complaint in writing to the executive secretary. A complaint is not a public record. The executive secretary shall dismiss any complaint that concerns matters over which the board does not have jurisdiction, and shall notify the complainant of that action. The executive secretary may also initiate an investigation upon reasonable suspicion that a licensee is in violation of any applicable standard for professional conduct.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

20:78:04:03. Investigations. The executive secretary shall initiate investigation of a complaint by notifying the license, permit, or certificate holder of the complaint and obtaining a response to the complaint. If the executive secretary determines that the complaint concerns compliance with licensing standards and requirements, the executive shall investigate the complaint. The notice shall be in writing and shall include a statement that the licensure or

licensee is entitled to due process rights, including the right to notice and an opportunity to be heard and to be represented by counsel. The executive secretary may appoint a board member to assist in the investigation.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

20:78:04:04. Completion of complaint investigation. Upon completion of a complaint investigation, the executive secretary may:

- (1) Dismiss the complaint as unsubstantiated or requiring no further action. Dismissal of a complaint is not a public record;
- (2) Issue a letter of concern, which shall be placed in the licensee's permanent records. A letter of concern is not a public record;
- (3) Recommend the board issue the licensee a public reprimand;
- (4) Recommend the board re-open and modify the license to include compliance with specified terms and conditions;
- (5) Recommend the board suspend or revoke the license.

If the executive secretary recommends issuance of a public reprimand, re-opening and modification, or suspension or revocation of the license, permit, or certificate held by the licensee, the executive secretary shall notify the licensee of the right to contest the recommendation. If contested, the executive secretary shall issue a petition for hearing that sets out the recommendation and the reasons for the recommendation and initiates a contested case hearing. A copy of the petition for hearing shall be sent to the licensee. The executive secretary and licensee may enter into a settlement agreement concerning the recommendation to be made to the board.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-18, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-31.6, 36-4-32, 36-4A-8, 36-4A-8.1, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-6, 36-4B-13, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-27, 36-10-28, 36-10-29, 36-10-35.1, 36-10-35.2, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-6, 36-10B-7, 36-10B-10, 36-10B-13, 36-10B-14, 36-29-3, 36-29-3.1, 36-29-7, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-5, 36-31-6, 36-31-9, 36-31-10, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-5, 36-36-6, 36-36-9, 36-36-13.

20:78:04:05. Status of complainant. The complainant is not a party to any contested case hearing resulting from the executive secretary's investigation of a complaint, although the

complainant may be called as a witness in the hearing. The executive secretary shall notify a complainant of any public final agency action taken as a result of a complaint.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-18, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-31.6, 36-4-32, 36-4A-8, 36-4A-8.1, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-6, 36-4B-13, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-27, 36-10-28, 36-10-29, 36-10-35.1, 36-10-35.2, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-6, 36-10B-7, 36-10B-10, 36-10B-13, 36-10B-14, 36-29-3, 36-29-3.1, 36-29-7, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-5, 36-31-6, 36-31-9, 36-31-10, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-5, 36-36-6, 36-36-9, 36-36-13.

20:78:04:06. Effect of failure to renew during investigation. The holder of a license, permit, or certificate may choose not to renew the license, permit, or certificate after a complaint investigation has been initiated by the executive secretary. A failure to renew after investigation has been initiated shall be reported as "withdrawn under investigation" in the board's permanent license files and in any national databases to which the board is required to report licensure action.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-18, 36-4-20.2, 36-4-20.7, 36-4-20.10, 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-31.6, 36-4-32, 36-4A-8, 36-4A-8.1, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-6, 36-4B-13, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-27, 36-10-28, 36-10-29, 36-10-35.1, 36-10-35.2, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-6, 36-10B-7, 36-10B-10, 36-10B-13, 36-10B-14, 36-29-3, 36-29-3.1, 36-29-7, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-5, 36-31-6, 36-31-9, 36-31-10, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-5, 36-36-6, 36-36-9, 36-36-13.

CHAPTER 20:78:05

CONTESTED CASE HEARING PROCEDURES

Section

- 20:78:05:01 Applicability.
- 20:78:05:02 Petitions for hearing.
- 20:78:05:03 Filing of petitions for hearing.
- 20:78:05:04 Scheduling of hearing.
- 20:78:05:05 Hearing procedure.
- 20:78:05:06 Final board decision.
- 20:78:05:07 Notice of decision.
- 20:78:05:08 Assessment of costs of disciplinary hearings.

20:78:05:01. Applicability. The following procedure applies to contested case proceedings for license, permit, or certificate applications and to disciplinary proceedings before the Board of Medical and Osteopathic Examiners.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

20:78:05:02. Petitions for hearing. An applicant for a license, permit, or certificate issued by the board may file a petition for hearing at any time during the processing of an application. The executive secretary may file a petition for hearing to initiate a disciplinary proceeding against a licensee. A petition for hearing shall be signed by the petitioner and contain the following information: the name and address of the applicant or licensee, the basis for the request for hearing, recitation of the applicable statutes or regulations under which the petitioner is requesting board action, and the relief requested by the petitioner.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-31.6, 36-4A-39, 36-4B-32, 36-10-43, 36-10-45, 36-10-46, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-31-15, 36-31-16, 36-36-13.

20:78:05:03. Filing of petitions for hearing. All petitions for hearing shall be filed with the executive secretary, who shall maintain the record of contested case proceedings held before the board.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-31.6, 36-4A-39, 36-4B-32, 36-10-43, 36-10-45, 36-10-46, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-31-15, 36-31-16, 36-36-13.

20:78:05:04. Scheduling of hearing. Upon receipt of a petition for hearing, the board president may appoint an examiner to conduct the contested case hearing, or may schedule the contested case hearing before the board, as authorized by applicable statutes.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-31.6, 36-4A-39, 36-4B-32, 36-10-43, 36-10-45, 36-10-46, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-31-15, 36-31-16, 36-36-13.

20:78:05:05. Hearing procedure. Contested case hearings shall be conducted in accordance with SDCL 1-26. The parties to a hearing are the executive secretary and the applicant or licensee. A board member who has participated in any investigation of the matter before the board shall disqualify himself from all deliberations and decisions.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-31.6, 36-4A-39, 36-4B-32, 36-10-43, 36-10-45, 36-10-46, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-31-15, 36-31-16, 36-36-13.

20:78:05:06. Final board decision. If the board hears the proceeding itself, it shall issue a final decision and require the parties to submit proposed findings of fact and conclusions of law for consideration at the board's next meeting. If a hearing examiner hears the proceeding, the examiner shall issue a proposed decision including findings of fact and conclusions of law. The examiner shall serve the proposed decision upon the board and the parties. The board may request that the parties appear before it to present oral argument and objections to the examiner's proposed decision. The board shall issue a final decision and accept, reject, or modify the findings, conclusions, and decisions of the examiner.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-31.6, 36-4A-39, 36-4B-32, 36-10-43, 36-10-45, 36-10-46, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-31-15, 36-31-16, 36-36-13.

20:78:05:07. Notice of decision. The board shall issue a notice of decision, accompanied by the final board decision and findings of fact and conclusions of law, to the applicant or licensee and executive secretary.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-31.6, 36-4A-39, 36-4B-32, 36-10-43, 36-10-45, 36-10-46, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-31-15, 36-31-16, 36-36-13.

20:78:05:08. Assessment of costs of disciplinary hearings. The board may assess its costs associated with a contested case proceeding resulting in disciplinary action, against a licensee upon motion by the executive secretary. If requesting the assessment of costs, the executive secretary shall present a statement of costs to the board or hearing examiner at the time it submits proposed findings of fact and conclusions of law.

Source: 38 SDR 127, effective February 7, 2012.

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 1-26-29.1.

September 18, 2015

Memo:

To: Members of the Joint Board of Nursing and Medical and Osteopathic Examiners

From: Gloria Damgaard, Executive Director, SD BON and Margaret Hansen, Executive Director, SDBOME

RE: Review of Direct Supervision Definition for Medical Assistants and Review of ARSD 20:62:03:03, 20:62:03:04 and 20:62:03:05 for Nurse Practitioners and Nurse Midwives

Issue: Following the Primary Care Oversight Committee meeting in May 2015, there was an interest in looking at any potential barriers in statute/rule/board interpretation that would prohibit telehealth being used to its fullest potential to help assure accessibility to health care services. The Department of Health has asked that this issue be raised by the Joint Board of Nursing and Board of Medical and Osteopathic Examiners. Specifically, we have been asked to update the definition of “direct supervision” for medical assistants to allow for supervision by means of telehealth.

1. **Review of Medical Assistants Definition of Direct Supervision.** According to SDCL36-9B, medical assistants practice under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota. The current definition of “direct supervision” was adopted by the Joint Board in 1994 on the recommendation of a joint subcommittee. The definition reads as follows:

“Direct supervision” of a medical assistant means supervision of all activities performed by the medical assistant. Should the physician be unable to provide on-site supervision, supervision by a properly supervised physician’s assistant, nurse practitioner, or nurse midwife shall satisfy the medical assistant act’s direct supervision requirements. (SD Joint Board 06/1994.)

SDCL 36-9B-2 lists the duties that a medical assistant may perform under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota. These duties include:

36-9B-2. Duties. A medical assistant under the responsibility and direct supervision of a person licensed to practice medicine in the State of South Dakota may perform the following duties:

- (1) Performing clinical procedures to include:
 - (a) Performing aseptic procedures;
 - (b) Taking vital signs;
 - (c) Preparing patients for examination;
 - (d) Phlebotomous blood withdrawal and non-intravenous injections; and
 - (e) Observing and reporting patients' signs or symptoms;
- (2) Administering basic first aid;
- (3) Assisting with patient examinations or treatment;
- (4) Operating office medical equipment;
- (5) Collecting routine laboratory specimens;
- (6) Administering medications by unit dosage;
- (7) Performing basic laboratory procedures; and

- (8) Performing office procedures including all general administrative duties.

Draft Revision: For purposes of this chapter, the term, direct supervision, means that the physician, physician assistant, certified nurse practitioner or certified nurse midwife are physically present or available by means of electronic communication.

The draft definition is consistent with the direct personal contact definition for the CNP and CNM.

Action Required: Accept, reject, or modify the draft definition of direct supervision for medical assistants.

2. Review of Nurse Practitioner and Nurse Midwife Rules Related to Collaboration by Direct Personal Contact (ARSD 20:62:03:03, 20:62:03:04, 20:62:03:05).

We would also like the joint boards to consider similar updates to the definitions of collaboration and direct personal contact for the nurse practitioners and nurse midwives. Please review the following rules related to direct personal contact for collaboration. The following changes are provided as a draft revision to allow the collaboration to take place by means of electronic communication.

20:62:03:03. Collaboration with a licensed physician or physicians. A nurse practitioner or nurse midwife may perform the overlapping scope of advanced practice nursing and medical functions defined in SDCL 36-9A-12 and 36-9A-13, in collaboration with a physician or physicians licensed under SDCL chapter 36-4. Collaboration must occur by direct personal contact, ~~with each collaborating physician must occur no less than twice each month, unless it is established in the collaborative agreement that one of the twice monthly meetings may be held by telecommunication. Collaboration with each collaborating physician shall occur at least once per month by direct personal contact.~~

20:62:03:04. Direct personal contact. For purposes of this chapter, the term, direct personal contact, means that both the collaborating physician and the nurse practitioner or nurse midwife are physically present or available by means of electronic communication ~~on site and available~~ for the purposes of collaboration. ~~When the collaborating physician is not in direct personal contact with the nurse practitioner or nurse midwife, the physician must be available by telecommunication~~ electronic communication. ~~If the boards consider additional direct personal contact necessary for a nurse practitioner or nurse midwife, they shall set the terms of that additional collaboration and require inclusion of those terms in that nurse practitioner's or midwife's collaborative agreement as a condition for its approval.~~

20:62:03:05. Collaboration – Separate practice location. ~~In addition to the required two meetings per month, the collaborating physician must be physically present on-site every ninety days at each practice location. This requirement does not apply to locations where health care services are not routine to the setting, such as patient homes and school health screening events.~~

Action Required: Accept reject or modify the draft revisions to the administrative rules related to collaboration for CNPs and CNMs and direct staff to move forward with implementation of the revisions.



SOUTH DAKOTA BOARD OF NURSING

4305 S. Louise Ave., Suite 201
Sioux Falls, South Dakota 57106-3115
Phone: 605-362-2760

CNP/CNM REPORT OF ACTIVITY FOR FY 2015 July 1, 2014 to June 30, 2015

Active Licensess

CNP	686
CNM	31

Financial Report

Revenue	
Renewals	24,010.00
New Licenses	9,100.00
Temporary Permits	375.00
	<hr/>
	33,485.00
Expenses	
Salary Linda Young (0.4 FTE)	33,923.00
Salary Erin Matthies (0.1 FTE)	5,378.90
Postage	1,784.65
Supplies/Printing	600.00
Telephone	200.00
Legal Fees	3,074.50
Licensure Database	6,000.00
	<hr/>
	50,961.05
Expense over Revenue	17,476.05
Board Share of Expense	8,738.03
Total Due SDBON	8,738.03



2015 Report on South Dakota's Out-of-Hospital Births by Certified Nurse Midwives (CNM) practicing on an Approved Waiver to a Collaborative Agreement with a Physician

Linda Young, RN, MS, FRE,
Nursing Program Specialist
South Dakota Board of Nursing

Overview

In July 2008 legislative approval was granted to allow qualified, licensed, Certified Nurse Midwives (CNM) the opportunity to request a waiver of the collaborative agreement requirement to be able to attend out-of-hospital (OOH) births under certain circumstances; pursuant to SDCL 36-9A-17.3. Following approval of a CNM's request by the Joint Board of Nursing and Medical and Osteopathic Examiners, the CNM may perform OOH birth services in accordance with established guidelines in the waiver. The approval of a waiver remains in effect unless terminated by either the CNM or the Joint Board.

Nurse Midwifery care is the practice of giving care to women during pregnancy, labor, birth and the postpartum period, as well as care to the newborn infant. It also includes the well woman care during all phases of life. Nurse Midwifery care is provided in accordance with standards established by the American College of Nurse Midwives, which promotes safe and competent care.

The goal of selection criteria in an OOH midwifery practice is to identify the client who, by all current medical and midwifery standards and knowledge, has an excellent prognosis for a normal, healthy pregnancy, birth, and postpartum course. Birth site selection is an ongoing process throughout pregnancy, labor, and the postpartum period. Ongoing evaluation of the childbearing woman choosing an OOH birth includes risk screening to assess and identify conditions, identified on page 2, which may indicate a deviation from normalcy which may then require physician involvement and/or alternate birth place selection. In making this assessment, a CNM relies on her training, skill, and clinical judgment. If a referral is needed, the CNM will remain in consultation with the provider until resolution of the concern. To the greatest degree possible it is appropriate for the CNM to maintain care of her client, in accordance with the client's wishes, and remain present through the birth if possible.

To allow for the OOH practice of nurse midwifery in South Dakota, in the absence of a collaborative agreement, the CNM waiver requires:

- Documentation of "Informed Consent" for an OOH birth which is reflective of the midwife's and clients' joint acceptance of a written "Plan of Care". The plan of care is a representative but not an exhaustive list of situations which may assist both the parents and the CNM in decision making. The plan may include information regarding the CNM's responsibilities and parents' rights.
- Review of practice guidelines by each potential client. Upon review, the client will complete an informed consent document that they understand the practice guidelines.
- Written acceptance or refusal of the CNM's recommended care, and information regarding client's conditions/concerns for which a CNM may need to consult with or refer a client to a physician, and/or transfer the client out of CNM's care to a physician's care.
- Documentation of indications for consultation, referral or transfer of care; and a definition of suitable OOH birth clients.
- Appropriate medications and equipment and certifications necessary to assure safety.
- Mechanism for documentation of care, record keeping, continuous quality improvement, and peer review.
- Completion of all required birth registration information with appropriate prenatal data and report any reportable diseases in accordance with South Dakota law for Vital Statistics Reporting to the South Dakota Department of Health.
- Provide documentation to the Joint Board upon request for review, and report within 48 hours any neonatal or maternal mortality in patients for whom she has provided care in the perinatal period.

Conditions on Waiver Requiring Consultation and Possible Alternate Birth Place

Pre-existing:

-
- | | |
|---|---------------------------------------|
| • Asymptomatic cardiac disease; | • Active cancer; |
| • Active tuberculosis; | • Diabetes mellitus; |
| • Asthma, severe or uncontrolled by medication; | • Previous Cesarean section |
| • Renal disease; | • Current alcoholism or abuse; |
| • Hepatic disorders; | • Current drug addiction or abuse; |
| • Endocrine disorders; | • Current severe psychiatric illness; |
| • Significant hematological disorders; | • Isoimmunization; |
| • Significant neurologic disorders; | • Positive for HIV antibody. |
| • Essential hypertension; | |

Pregnancy:

-
- | | |
|--|---|
| • Labor before completion of 36th gestational week; | • Severe anemia, not responsive to treatment; |
| • Lie other than vertex at term; | • Evidence of pre-eclampsia; |
| • Multiple gestations; | • Consistent size/dates discrepancy; |
| • Significant vaginal bleeding; | • Deep vein thrombosis (DVT); |
| • Gestational Diabetes Mellitus, uncontrolled by diet; | |

- Known fetal anomalies or conditions affected by site of birth, with an infant compatible with life;
- Threatened or spontaneous abortion after 12 weeks;
- Abnormal ultrasound findings;
- Isoimmunization;
- Documented placental anomaly or previa;
- Post-term pregnancy;
- Positive HIV antibody test;
- Abnormal fetal surveillance;
- Known hemoglobinopathy or thrombophilia.

Intrapartum:

- Fetal intolerance of labor;
- Abnormal bleeding;
- Thick meconium-stained fluid with birth not imminent;
- Development of pre-eclampsia;
- Maternal fever >100.4 degrees Fahrenheit, unresponsive to treatment;
- Abnormal Presentation;
- Presence of herpes lesions;
- Prolapsed cord;
- Client's desire for pain medication.

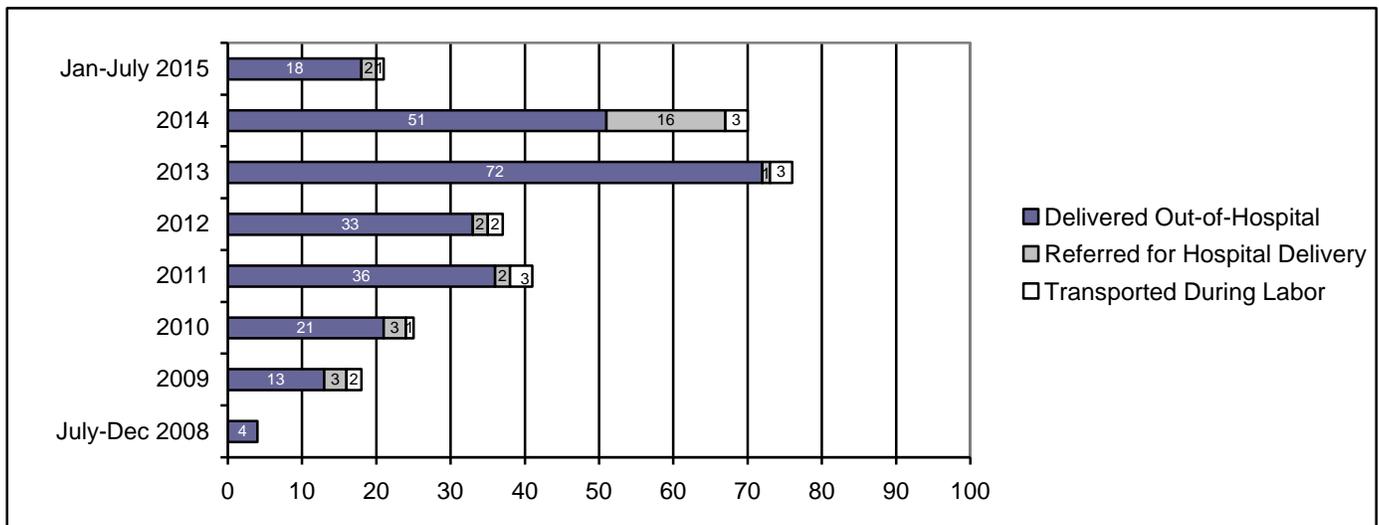
Postpartum:

- Seizure
- Significant hemorrhage, not responsive to treatment;
- Adherent or retained placenta;
- Sustained maternal vital sign instability;
- Uterine prolapse;
- Uterine inversion;
- Repair of lacerations(s)/ beyond CNM's level of expertise;
- Anaphylaxis.

Neonatal:

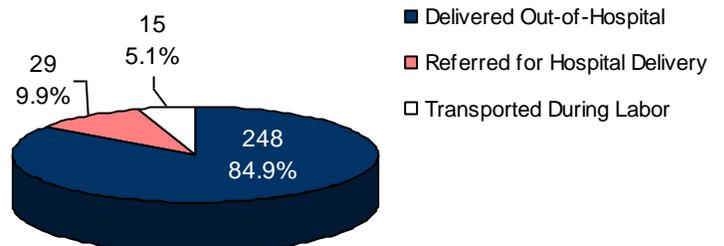
- Apgar score less than 7 at five minutes of age, without significant improvement at 10 minutes;
- Persistent respiratory distress;
- Persistent cardiac irregularities;
- Central cyanosis or pallor;
- Prolonged temperature instability or fever >100.4 degrees Fahrenheit, unresponsive to treatment;
- Significant clinical evidence of glycemic instability;
- Evidence of seizure;
- Birth weight <2300gms;
- Significant clinical evidence of prematurity;
- Significant jaundice or jaundice prior to 24 hours;
- Loss of >10% of birth weight/failure to thrive;
- Major apparent congenital anomalies;
- Significant birth injury.

Annual Outcomes for SD Resident Out-of-Hospital Births Attended by CNMs



Total Birth Outcomes from 2008 – July 2015

Since 2008, a total of 292 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 248 (84.9%) of those women delivered in an OOH birth setting; 29 (9.9%) were referred to another provider for a hospital birth; and 15 (5.1%) were transported during labor to a hospital.

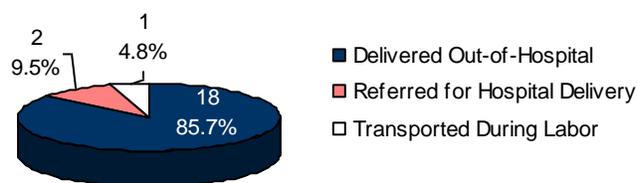


Total South Dakota Resident Live Births in 2013= 12,243*			2008-2015 Total CNM OOH Births = 263 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	615	5.0%	6	2.3%
	2.3%	1,020	9	3.4%
	3.4%	128	2	0.8%
		0.8%		
Apgar score <7 at 5 min.	196	1.6%	3	1.1%
Transferred to hospital/NICU	1,189	9.7%	8	3.0%
Assisted ventilation required immediately after delivery	770	6.3%	1	0.4%
Assisted ventilation required for more than 6 hours	290	2.4%	2	0.8%
Congenital anomalies	98	0.8%	1	0.4%
Significant birth injuries	15	0.1%	0	0
Weight <2500 grams (5lbs 8oz)	770	6.3%	0	0
Weight >4500 grams (9lbs 15oz)	163	1.3%	1	0.4%
Gestation <37 weeks	991	8.1%	0	0
Neonatal Death Rate per 1000 Live Births	48	3.92	1	3.80

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Time Period: January – July 2015

Seven CNMs were granted a waiver to the collaborative agreement to perform OOH births, however only 4 actively performed OOH births. A total of 21 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 18 of those women delivered in an OOH birth setting; 2 were referred to another provider for a hospital birth; and 1 was transported during labor to a hospital. Birth outcomes are shown below; 17 of these women gave birth without complication.



2015 Total South Dakota Resident Live Births = ***			Jan-Dec 2015 Total CNM OOH Births = 19 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	***	***	0	--
Meconium stained fluid	***	***	0	--
3 rd /4 th degree perineal laceration	***	***	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	***	***	0	--
Transferred to hospital/NICU	***	***	1	5.3%
Assisted ventilation required immediately after delivery	***	***	0	--
Assisted ventilation required for more than 6 hours	***	***	0	--
Congenital anomalies	***	***	0	--
Significant birth injuries	***	***	0	--
Weight <2500 grams (5lbs 8oz)	***	***	0	--
Weight >4500 grams (9lbs 15oz)	***	***	0	--
Gestation <37 weeks	***	***	0	--
Neonatal Death Rate per 1000 Live Births	***	***	0	--

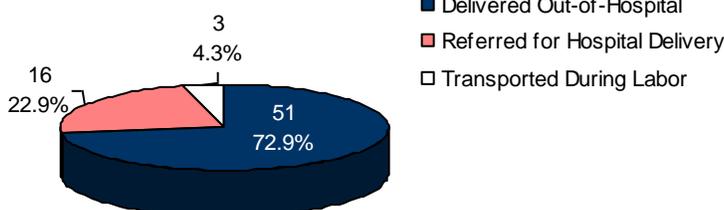
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions reported:**
 - a. Woman did not meet OOH birth criteria, referred to physician for hospital birth;
 - b. Woman's care transferred at 36 weeks gestation for SGA (small for gestational age);
2. **Intrapartum conditions:**
 - a. Woman had stalled labor, face presentation, had good fetal heart tones; transported to hospital, delivered Cesarean, positive outcome;
3. **Neonatal conditions reported:**
 - a. Infant transferred about 40 minutes after delivery due to respiratory grunting and temperature instability; warming applied, blow-by O2 administered; positive outcome.

Time Period: January – December 2014

Seven CNMs were granted a waiver to perform OOH births, only 5 actively performed OOH births. A total of 70 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 51 women delivered in an OOH birth setting; 16 were referred to another provider for a hospital birth; and 3 were transported during labor to a hospital. Birth outcomes are shown below.



2014 Total South Dakota Resident Live Births = ***			2014 Total CNM OOH Births = 54 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	***	***	1	1.4%
Meconium stained fluid	***	***	3	4.3%
3 rd /4 th degree perineal laceration	***	***	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	***	***	0	--
Transferred to hospital/NICU	***	***	3	5.6%
Assisted ventilation required immediately after delivery	***	***	0	--
Assisted ventilation required for more than 6 hours	***	***	0	--
Congenital anomalies	***	***	0	--
Significant birth injuries	***	***	0	--
Weight <2500 grams (5lbs 8oz)	***	***	0	--
Weight >4500 grams (9lbs 15oz)	***	***	0	--
Gestation <37 weeks	***	***	0	--
Neonatal Death Rate per 1000 Live Births	***	***	0	--

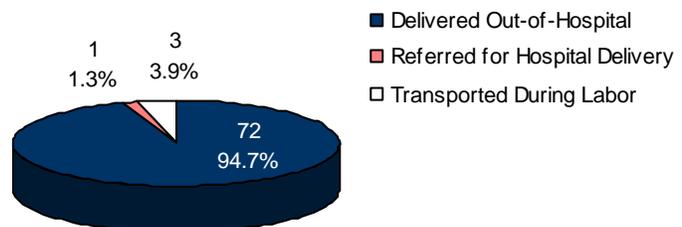
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions reported:**
 - a. Woman's care transferred due to gestational diabetes mellitus;
 - b. Woman dilated to 4cm at 32 weeks gestation, care transferred;
 - c. Woman's care transferred due to anemia;
 - d. Woman's care transferred due to high blood pressure;
 - e. Two women transferred due to vaginal birth after cesarean (VBAC);
 - f. Woman's care transferred at 35 weeks: GBS positive; later developed oligohydramnios; had emergency cesarean.
2. **Intrapartum conditions:**
 - a. Two women transported to hospital due to prolonged pushing, 3 hours with minimal progress; both positive outcomes;
 - b. Woman transported due to maternal exhaustion; stalled labor;
 - c. Two women transported due to request for pain medications;
 - d. Woman had moderate bleeding in early labor; physician assessed, had negative OB US for placenta previa/abruption; delivered at home, positive outcome.
3. **Postpartum conditions:**
 - a. Woman had vaginal hematoma after birth, transferred to hospital for 24 hour observation;
 - b. Woman had post-partum hemorrhage; admitted to the hospital 7 hours after home delivery. Administered methergin, cytotec, had blood transfusion, received D&C for retained placenta, and Bakri balloon.
 - c. Woman had history of NF1 (neurofibromas), developed IUGR. Referred to maternal-fetal medicine for evaluation. Delivered vaginally at home, developed hypertension/HELLP, transported after delivery by EMS to hospital and admitted for vaginal bleeding and repair of 2nd degree laceration; treated with mag sulfate and blood transfusions.
4. **Neonatal conditions:**
 - a. Infant of woman described in item 3.c. above had meconium present at delivery, infant DeLee suctioned, Apgars 5/8; developed respiratory distress; transported and admitted to NICU.
 - b. Woman had an unattended birth due to poor weather conditions, father delivered infant. EMS notified and arrived shortly after birth; EMS reported infant's head as initially blue, Apgars 9/10. CNM assessed baby as stable but later that day the infant was admitted to NICU for seizures, stroke, blood sugar control.
 - c. Woman had an unattended birth; father delivered infant 6 minutes before CNM arrived. Infant admitted to hospital for observation and suctioning.

Time Period: January – December 2013

Six CNMs were granted a waiver to perform OOH births, only 3 actively performed OOH births. A total of 76 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 72 women delivered in an OOH birth setting; 1 was referred to another provider for a hospital birth; and 3 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 77 women had a home birth, less than one percent of resident births in SD (0.6%).



2013 Total South Dakota Resident Live Births = 12,243			2013 Total CNM OOH Births = 75 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	615	5.0%	1	1.3%
Meconium stained fluid	1,020	8.3%	2	2.7%
3 rd /4 th degree perineal laceration	128	1.0%	1	1.3%
Newborn Outcomes				
Apgar score <7 at 5 min.	196	1.6%	1	1.3%
Transferred to hospital/NICU	1,189	9.7%	1	1.3%
Assisted ventilation required immediately after delivery	770	6.3%	0	--
Assisted ventilation required for more than 6 hours	290	2.4%	0	--
Congenital anomalies	98	0.8%	0	--
Significant birth injuries	15	0.1%	0	--
Weight <2500 grams (5lbs 8oz)	770	6.3%	0	--
Weight >4500 grams (9lbs 15oz)	163	1.3%	0	--
Gestation <37 weeks	991	8.1%	0	--
Neonatal Death Rate per 1000 Live Births	48	3.92	0	--

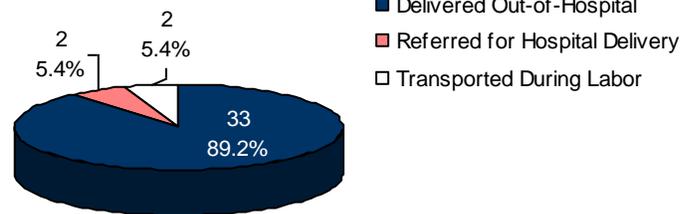
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Intrapartum conditions:**
 - a. Woman transported to hospital for failure to progress, delivered Cesarean, 8/9 Apgar.
 - b. Woman transported to hospital for fetal heart tone decelerations; second episode with slow recovery, oxygen applied, IV therapy initiated; delivered vaginally; 8/9 Apgar.
2. **Neonatal conditions:**
 - a. Infant with nuchal cord x1; infant floppy; Apgar's 4/5/7; DeLee suctioned clear mucous; developed retractions/grunting; oxygen administered, EMS transport to hospital. No assisted ventilation required.

Time Period: January – December 2012

Six CNMs were granted a waiver to perform OOH births, however 4 actively performed OOH births. A total of 37 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 33 women delivered in an OOH birth setting; 2 were referred to another provider for a hospital birth; and 2 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 69 women had a home birth in 2012, less than 1% of SD's resident births (0.6%).



2012 Total South Dakota Resident Live Births = 12,092			2012 Total CNM OOH Births = 35 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	775	6.4%	1	2.9%
Meconium stained fluid	937	7.7%	2	5.7%
3 rd /4 th degree perineal laceration	139	1.1%	0	--
Newborn Outcomes				
Apgar score <7 at 5 min.	254	2.1%	1	2.9%
Transferred to hospital/NICU	1,130	9.3%	3	8.6%
Assisted ventilation required immediately after delivery	593	4.9%	1	2.9%
Assisted ventilation required for more than 6 hours	238	2.0%	2	5.7%
Congenital anomalies	88	0.7%	1	2.9%
Significant birth injuries	21	0.2%	0	--
Weight <2500 grams (5lbs 8oz)	751	6.2%	0	--
Weight >4500 grams (9lbs 15oz)	154	1.3%	0	--
Gestation <37 weeks	945	7.8%	0	--
Neonatal Death Rate per 1000 Live Births	69	5.71	0	--

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

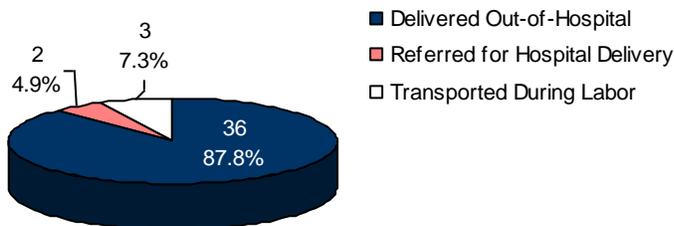
Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions:**
 - a. Woman's care transferred at 38 wks gestation for persistent breech; delivered Cesarean; good outcome.
 - b. Woman's care transferred at 35 wks gestation for positive herpes simplex virus; delivered vaginally, good outcome.
 - c. Maternal fetal medicine physician and CNM followed care of woman with history of infants born with Zellwanger's syndrome. She opted for home birth; infant born with Zellwanger's; infant transported to NICU 2 hours after birth, then discharged home. (Zellwanger's syndrome has no known cure and is incompatible with life.)

2. **Intrapartum conditions:**
 - a. Woman had SROM with light meconium and no active labor for 24 hours. Delivered in hospital; good outcome.
 - b. Woman had SROM at 3:45 AM; CNM called at 4:20 AM. CNM arrived at 5:35 AM, observed woman actively pushing. CNM noted FHT in the 40's with no progress. Oxygen applied, knee-chest position, no cord felt on exam; EMS called at 5:45 AM, the hospital ER notified to prepare for possible C-section. The woman arrived at the hospital at 6:30 AM, the admitting physician noted FHTs in the 130-140s, -4 station, light meconium, delivered vaginally at 7:21 AM. Infant had thick meconium, Apgar 2/4/6, deep suctioned, respiratory support provided. Five hours after birth, infant transferred to NICU, intubated, and discharged 2 weeks later.
3. **Neonatal conditions:**
 - a. Infant delivered vaginally at 39 weeks gestation, Apgar's 9/10; developed respiratory distress; oxygen and antibiotics administered, transported to NICU; good outcome.

Time Period: January – December 2011

Seven CNMs were granted a waiver to perform OOH births, however 3 actively performed OOH births. A total of 41 women requested the services of a CNM for an OOH birth. As shown in the pie chart, 36 women delivered in an OOH birth setting; 2 were referred to another provider for a hospital birth; and 3 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 66 women had a home birth in 2011, less than 1% of SD's resident births (0.6%).



2011 Total South Dakota Resident Live Births = 11,834			2011 Total CNM OOH Births = 39 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	777	6.6%	2	5.1%
Meconium stained fluid	856	7.2%	1	2.6%
3 rd /4 th degree perineal laceration	158	1.3%	1	2.6%
ewborn Outcomes				
Apgar score <7 at 5 min.	154	1.3%	0	--
Transferred to hospital/NICU	1,010	8.5%	0	--
Assisted ventilation required immediately after delivery	478	4.0%	0	--
Assisted ventilation required for more than 6 hours	202	1.7%	0	--
Congenital anomalies	91	0.8%	0	--
Significant birth injuries	14	0.1%	0	--
Weight <2500 grams (5lbs 8oz)	746	6.3%	0	--
Weight >4500 grams (9lbs 15oz)	142	1.2%	1	2.6%
Gestation <37 weeks	940	7.9%	0	--
Neonatal Death Rate per 1000 Live Births	46	3.89	0	--

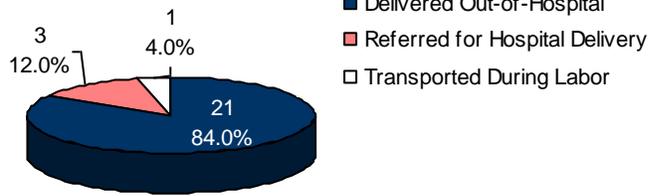
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions:**
 - a. Woman had SROM at 35 weeks; delivered in the hospital;
 - b. Woman had polyhydramnios, unstable lie; induced in hospital after ROM; AFI>20; delivered vaginally; good outcome.
 - c. Woman had early previa, which resolved, delivered in an OOH setting without complication.
 - d. Two women had sonogram evaluations; both women delivered in an OOH birth setting without complication.
2. **Intrapartum conditions:**
 - a. Woman transported to hospital for maternal exhaustion and arrested contractions in 2nd stage labor; received Pitocin, internal monitoring, epidural; delivered vaginally, good outcome.
 - b. Woman transported to hospital for maternal exhaustion and episode of Brady lasting 3 minutes; delivered vaginally with forceps in ED, no complications.
 - c. Woman transported to hospital for FHT deceleration; received O2, IV fluids, amnioinfusion, epidural; delivered vaginally with vacuum assist, good outcome.
3. **Postpartum conditions:**
 - a. Woman transported to hospital after OOH delivery for perineal repair of 4th degree tear; returned home after.
4. **Neonatal conditions:**
 - a. Still born; at 38th week visit woman had no fetal movement for 2 days. US revealed intrauterine fetal demise (IUID). Physician confirmed IUID. Woman requested home birth and delivered a still born with no obvious deformities. Infant had tight nuchal cord x2; autopsy refused.

Time Period: January – December 2010

Four CNMs were granted a waiver to perform OOH births, however one actively performed OOH births. A total of **25** women requested the services of a CNM for an OOH birth. As shown in the pie chart, 21 women delivered in an OOH birth setting; 3 were referred to another provider for a hospital birth; and 1 was transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health’s 2013 Natality Report revealed that 67 women had a home birth in 2010, less than 1% of SD’s resident births (0.6%).



2010 Total South Dakota Resident Live Births = 11,795			2010 Total CNM OOH Births = 22 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	959	8.1%	0	--
Meconium stained fluid	863	7.3%	1	4.5%
3 rd /4 th degree perineal laceration	189	1.6%	0	--
ewborn Outcomes				
Apgar score <7 at 5 min.	165	1.4%	0	--
Transferred to hospital/NICU	1045	8.9%	0	--
Assisted ventilation required immediately after delivery	539	4.6%	0	--
Assisted ventilation required for more than 6 hours	253	2.1%	0	--
Congenital anomalies	91	0.8%	0	--
Significant birth injuries	24	0.2%	0	--
Weight <2500 grams (5lbs 8oz)	811	6.9%	0	--
Weight >4500 grams (9lbs 15oz)	120	1%	0	--
Gestation <37 weeks	1012	8.6%	0	--
Neonatal Death Rate per 1000 Live Births	56	4.75	0	--

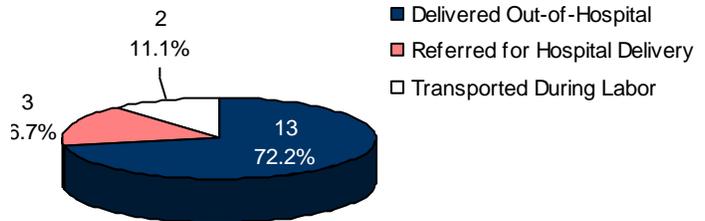
*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in transport to a hospital, consultation or referral with a physician:

1. **Pregnancy conditions:**
 - a. Woman’s care transferred due to preterm labor at 36 weeks gestation; good outcome.
 - b. Woman’s care transferred due to hypertension and toxemia; induced at 37 weeks; good outcome.
 - c. Woman’s care transferred due to intrauterine growth retardation at 36 weeks.
2. **Intrapartum conditions:**
 - a. Woman transported in early labor due to heavy meconium; delivered vaginally, good outcome.
3. **Postpartum conditions:**
 - a. Woman referred to physician for hypertension 3 days postpartum.
4. **Neonatal conditions:**
 - a. OB US at 20 weeks revealed possible renal pyelectasis, neonate referred for evaluation of kidney status after delivery.

Time Period: January – December 2009

Three CNMs were granted a waiver to perform OOH births, however one actively performed OOH births. A total of **18** women requested the services of a CNM for an OOH birth. As shown in the pie chart, 13 women delivered in an OOH birth setting; 3 were referred to another provider for a hospital birth; and 2 were transported during labor to a hospital. Birth outcomes are shown below. The SD Department of Health’s 2013 Natality Report revealed that 57 women had a home birth in 2009, less than 1% of SD’s resident births (0.5%).



2009 Total South Dakota Resident Live Births = 11,930			2009 Total CNM OOH Births = 15 (Not including referred women)	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	984	8.4%	1	6.7%
Meconium stained fluid	926	7.9%	0	--
3 rd /4 th degree perineal laceration	214	1.8%	0	--
ewborn Outcomes				
Apgar score <7 at 5 min.	179	1.5%	1	6.7%
Transferred to hospital/NICU	978	8.2%	0	--
Assisted ventilation required immediately after delivery	514	4.3%	0	--
Assisted ventilation required for more than 6 hours	206	1.7%	0	--

Congenital anomalies	97	0.8%	0	--
Significant birth injuries	22	0.2%	0	--
Weight <2500 grams (5lbs 8oz)	700	5.9%	0	--
Weight >4500 grams (9lbs 15oz)	124	1%	0	--
Gestation <37 weeks	488	4%	0	--
Neonatal Death Rate per 1000 Live Births	45	3.77	1	6.7%

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

Conditions that resulted in **transport to a hospital, consultation or referral with a physician:**

1. **Pregnancy conditions:**

- Premature ROM, preterm labor at 34 weeks gestation; delivered in the hospital; good outcome;
- Suspected Herpes; had a Cesarean section with a good outcome;
- Polyhydramnios; delivered in a hospital; good outcome.

2. **Intrapartum conditions:**

- Maternal exhaustion, failure to progress, cervical swelling; received epidural, delivered vaginally; good outcome;
- Two episodes of FHT decelerations in 70-80s, oxygen applied. Following second episode, FHT recovery was greater than one minute; EMS called. Admitted to hospital after 20 minutes. CNM provided report to physician. Three hours later, stillborn delivered vaginally; physician documented, "when the mother arrived here, the strip had some variables, but otherwise was non-concerning. ... The strip shows that there were good fetal heart tones, even up to a minute prior to delivery."

Time Period: July – December 2008

One CNM was granted a waiver to perform OOH births. A total of 4 women requested the services of a CNM for an OOH birth; all 4 women delivered in an OOH birth setting. Birth outcomes are shown below. The SD Department of Health's 2013 Natality Report revealed that 50 women had a home birth in 2008, less than 1% of SD's resident births (0.4%).

2008 Total South Dakota Resident Live Births = 12,074			2008 Total CNM OOH Births = 4	
Intrapartum and Postpartum Outcomes	Number	Percent	Number	Percent
Fetal Intolerance (distress)	906	7.5%	0	--
Meconium stained fluid	860	7.1%	0	--
3 rd /4 th degree perineal laceration	186	1.5%	0	--
ewborn Outcomes				
Apgar score <7 at 5 min.	187	1.5%	0	--
Transferred to hospital/NICU	1,064	8.8%	0	--
Assisted ventilation required immediately after delivery	553	4.6%	0	--
Assisted ventilation required for more than 6 hours	334	2.8%	0	--
Congenital anomalies	104	0.9%	0	--
Significant birth injuries	13	0.1%	0	--
Weight <2500 grams (5lbs 8oz)	783	6.5%	0	--
Weight >4500 grams (9lbs 15oz)	163	1.4%	0	--
Gestation <37 weeks	796	6.6%	0	--
Neonatal Death Rate per 1000 Live Births	61	5.03	0	--

*Source: South Dakota Department of Health, Office of Data, Statistics, and Vital Records

September 4, 2015

Memo:

To: Members of the South Dakota Board of Medical and Osteopathic Examiners

From: Margaret Hansen, Executive Director

RE: 10 c. Review of ARSD 20:52:01:03.01 and 20:52:01:03.02

The staff would like the Board to consider updates to the definition of direct personal contact for physician assistants. Please review the following rules related to direct personal contact for supervision. The following changes are provided as a draft revision to allow the supervision to take place by means of telehealth technology.

20:52:01:03.01. Supervision of a licensed physician assistant. A licensed physician assistant shall be supervised by a physician licensed pursuant to SDCL chapter 36-4. The supervising physician shall be available for consultation with the physician assistant at all times while the physician assistant is involved in patient care. The supervising physician and physician assistant shall meet in person at least twice each month to discuss patient care and review the physician assistant practice. ~~The meetings shall be held in person unless it is established in the practice agreement and approved by the board that one of the twice monthly meetings may be held by telecommunication.~~ The supervision plan shall be outlined in the practice agreement and approved by the board. The practice agreement shall also outline provisional supervision plans in the event unforeseen circumstances such as inclement weather or illness prevent the twice monthly meeting supervision requirement.

20:52:01:03.02. Supervision of a licensed physician assistant -- Separate practice location. In addition to the required two meetings per month, the supervising physician must be physically present or available by means of telehealth technology ~~on-site~~ every ninety days at each physician assistant practice location. This requirement does not apply to locations where health care services are not routine to the setting, including patient homes and school health screening events.