

BOARD OF DIRECTORS

April 9, 2024

Cassaundra Jah Executive Director

Dear Ms. Mattox,

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To ensure we are fully prepared for these changes, which will become effective on July 1, 2024, we would appreciate a response to this request within the next two weeks. This timeline will help us make the necessary adjustments in a timely manner.

For the meeting, we specifically seek the participation of a MEAC board member who is a Title IV school representative who is well-versed in the clinical requirements across different states. This expertise is crucial to effectively navigate the conversation with the lawyer and to collect detailed information on how these changes may impact school operations.

Concerning the addition of § 34 CFR 668.14(b)(32)(i) and (ii) to require all Title IV-eligible "distance education" programs that prepare students for occupations requiring State licensure or certification to meet the educational requirements in the state where the student comes from:

- 1. Given the multiple education models employed by MEAC-accredited schools and programs, we require clarification on the specific DOE definition of "distance education" as it applies to this new rule. We are aware that the DOE maintains several definitions of "distance education" for specific purposes, and it is unclear which definition applies here and how much of a course or program must be delivered online in order to be considered "distance education" in the context of this new rule.
- 2. How does this rule apply for institutions/programs whose education goal is for the student to achieve a national credential of Certified Professional Midwife (CPM) if the student resides and studies in a state in which state licensure for direct-entry midwives is not available?
 - a. Does this legally mean that the school cannot enroll a student who resides in a state where licensure is not offered?

- b. We recognize that the most straightforward solution to question 2 could be requiring students to sign an affidavit. However, this approach presents two main challenges: first, schools would need to take on the responsibility of monitoring whether these affidavits are being honored by the students. Second, there's a risk of triggering a Title IV investigation, which could reveal a concerning number of students failing to comply with their affidavit commitments. Other than an affidavit, what options do schools have for students who reside and study in a state where licensure for direct-entry midwives is not available?
- 2. How does this rule apply to MEAC-accredited institutions/programs whose clinical education requirements align with the North American Registry of Midwives (NARM) requirements to become a CPM, but individual states have different clinical requirements for licensure? According to this new DOE regulation, must our graduation requirements now meet these various state licensure requirements (essentially creating a "highest common denominator" situation for the schools)?
 - a. For example, NARM, which credentials CPMs, has a requirement of five "continuity of care" births, with the student conducting at least five prenatal visits, managing the birth, conducting the newborn exam, and at least two postpartum visits. Licensure in Alaska requires 15 of these continuities (rather than five), and within each, they require conducting six prenatal visits instead of five. If a school or program wishes to accept students from Alaska, must the program now satisfy Alaska's clinical requirements for licensure? Additional examples include an even larger burden; while MEAC accreditation is not credit-based, Florida requires a minimum of 90 credits within a 3-year program, and California states 84 credits and three years. Must programs wishing to accept students from Florida or California now meet these credit-based requirements?
 - b. Some states, such as Washington, Indiana, and Florida, require a significantly higher number of births for licensure than NARM or MEAC require for CPM certification. Must programs wishing to accept students from these states now meet these state birth requirements?
 - c. Washington State's licensure rules (<u>WAC 246-834-140 (3)</u>) state that applicants for licensure must attend 100 births, but follows that with "No less than fifteen of the one hundred women must be cared for in the intrapartum period while the applicant was enrolled in the school from which the student graduates." Within the context of the new DOE regulation, do programs that require 55 births (in alignment with NARM requirements for the CPM) meet the new DOE requirements in Washington since only 15 births must be within the context of a program? Or does the new DOE regulation mean that schools/programs must meet the full 100 births required for licensure in that state?

We also want to highlight the upcoming opportunity for public comment on the department's changes to state reciprocity rules. These changes, if approved, could impact NC-SARA and likely a significant number, if not all, of MEAC-accredited schools. NACPM is in the process of drafting a written statement and plans to engage our allies in public comment, particularly regarding the impact on direct-entry midwifery students. We are deeply concerned about the potential far-reaching negative effects on diversity, inclusion, and access. We would greatly appreciate any contributions or specific points MEAC wishes to include in our statement. Additionally, we would value any analysis or insights the MEAC legal team might provide to help us better understand the implications of these changes.

Warmly,

Cassaundra Jah

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Executive Director, NACPM