

GENERAL ASSEMBLY OF NORTH CAROLINA
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SENATE BILL DRS45471-NBf-176

Short Title: Janell Green Smith Maternal Health Acc. Act. (Public)

Sponsors: Senators Murdock, Salvador, and Waddell (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO RECOGNIZE MATERNAL HEALTH INITIATIVES AND TO SUPPORT AND
3 EXPAND LICENSURE AND RECOGNITION OF MIDWIVES.

4 The General Assembly of North Carolina enacts:

5 SECTION 1.(a) Chapter 90 of the General Statutes is amended by adding a new
6 Article to read:

7 "Article 10B.

8 "Maternal Health Accountability Act.

9 "**§ 90-178.10. Short title.**

10 This Article shall be cited and known as the "Dr. Janell Green Smith, DNP, CNM, Maternal
11 Health Accountability Act."

12 "**§ 90-178.11. Legislative findings; intent.**

13 (a) Findings. – The General Assembly makes the following findings:

14 (1) North Carolina continues to experience unacceptable rates of maternal
15 mortality and severe maternal morbidity, with disproportionate impact on
16 Black, Indigenous, rural, and low-income communities.

17 (2) The American College of Nurse-Midwives (ACNM) and the National
18 Association of Certified Professional Midwives (NACPM) recognize
19 Certified Nurse Midwives (CNMs), Certified Midwives (CMs), and Certified
20 Professional Midwives (CPMs) as essential providers in a safe,
21 evidence-based, and equitable maternal health system.

22 (3) National clinical standards and peer-reviewed evidence demonstrate that
23 midwifery care, when licensed, regulated, and integrated across birth settings,
24 improves continuity of care, patient satisfaction, and maternal and neonatal
25 outcomes.

26 (4) States in the southeastern United States, including South Carolina and
27 Virginia, have enacted laws to do all of the following:

28 a. Formally integrate midwives into perinatal levels of care systems.

29 b. License and regulate Certified Professional Midwives using national
30 standards.

31 c. Prohibit physician supervision or contractual gatekeeping
32 requirements.

33 d. Require equitable reimbursement for midwives providing covered
34 maternity services.

35 (5) Virginia law expressly provides for autonomous midwifery practice and
36 reimbursement parity for licensed midwives, while South Carolina law



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1 requires the integration of midwives and community birth into statewide
2 perinatal care planning, without restricting scope of practice or requiring
3 hospital privileges.

4 (6) A maternal health system that excludes community-based providers, fails to
5 ensure accountability for hospital practices, or relies on uncompensated
6 perinatal labor undermines patient safety and worsens disparities.

7 (b) Intent. – It is the intent of the General Assembly to establish a comprehensive
8 maternal health accountability framework that promotes safety, transparency, workforce
9 sustainability, informed consent, and equitable access to care, while honoring the legacy of Dr.
10 Janell Green Smith, whose leadership advanced patient-centered maternity care and system
11 accountability.

12 **"§ 90-178.12. Core principles.**

13 North Carolina's maternal health system shall be governed by the following principles:

14 (1) Maternal health systems shall be accountable for patient safety, respectful
15 care, and measurable outcomes.

16 (2) Pregnant and postpartum individuals and their families shall have clear,
17 accessible pathways for reporting harm and obtaining timely support.

18 (3) Certified Nurse Midwives, Certified Midwives, and Certified Professional
19 Midwives are essential maternal health providers and must be recognized,
20 regulated, and supported across all birth settings.

21 (4) Community-based organizations, including midwifery practices and doula
22 organizations, constitute essential public health infrastructure.

23 (5) The maternal health workforce shall be sustainable, accessible, and fairly
24 compensated.

25 (6) Licensed midwifery care across hospital and community settings improves
26 continuity of care, safety, and birth outcomes.

27 **"§ 90-178.13. Definitions.**

28 The following definitions apply in this Article:

29 (1) CM. – Certified Midwife licensed under Article 10C of this Chapter.

30 (2) CNM. – Certified Nurse Midwife licensed under Article 10A of this Chapter.

31 (3) CPM. – Certified Professional Midwife licensed under Article 10C of this
32 Chapter.

33 (4) Department. – The Department of Health and Human Services.

34 (5) Hospital. – As defined in G.S. 131E-214.1.

35 (6) Perinatal health care provider. – A licensee under this Article and Articles 10A
36 and 10C of this Chapter.

37 **"§ 90-178.14. Hospital accountability and safe discharge.**

38 Hospitals providing maternal or emergency obstetric services shall do all of the following:

39 (1) Implement and maintain a safe labor discharge plan prior to the discharge of
40 any individual presenting in labor.

41 (2) Adopt and maintain standardized maternal clinical escalation and emergency
42 response protocols.

43 (3) Require annual training in respectful maternity care and implicit bias for
44 obstetric, emergency, and nursing staff.

45 (4) Maintain formal collaboration and transfer agreements with licensed CNMs,
46 CMs, and CPMs to ensure timely, respectful, and safe transitions of care from
47 community-based to hospital settings.

48 (5) Prohibit denial or delay of care based solely on provider type or planned birth
49 setting.

- 1 (6) Allow perinatal health care providers in birthing rooms as part of the care team
2 and not counted as a member of the family, including in the event that a birth
3 moves from home care to hospital care.

4 **"§ 90-178.15. Reporting requirements; oversight.**

5 (a) Departmental Reporting Requirement. – On August 1 of each year, hospitals and all
6 perinatal health care providers shall annually report to the Department of Health and Human
7 Services all of the following:

- 8 (1) Maternal mortality.
9 (2) Severe maternal morbidity.
10 (3) Emergency postpartum readmissions.
11 (4) Discharges during active labor.
12 (5) Cesarean delivery rates.
13 (6) Labor induction rates.
14 (7) Neonatal intensive care unit admissions.
15 (8) Transfers between community-based and hospital-based care.

16 (b) Data. – All data compiled for the reports under this section shall be disaggregated by
17 race, ethnicity, payer, geography, and provider type. All reports under this section shall be made
18 available for public access on the Department's website.

19 (c) Oversight. – The Department is required to do all of the following:

- 20 (1) Conduct compliance audits.
21 (2) Require corrective action plans if a hospital covered under this Article is found
22 to not be in compliance.
23 (3) Provide technical assistance to hospitals and perinatal health care providers to
24 comply with the provisions of this Article.
25 (4) Evaluate outcomes across all birth settings, including community-based
26 midwifery care, consistent with perinatal integration models adopted in peer
27 states.

28 (d) Annual Report. – The Department shall annually submit a report containing (i) the
29 data collected under subsection (a) of this section and (ii) the outcomes under subdivision (c)(4)
30 of this section to the Joint Legislative Health and Human Services Oversight Committee by
31 October 1 of each year.

32 **"§ 90-178.16. Patient advocacy and accountability.**

33 (a) System. – The Department shall establish a statewide maternal health reporting and
34 navigation system to provide all of the following:

- 35 (1) Assistance with the hospital grievance process under the North Carolina
36 Medical Board or the Division of Health Service Regulation.
37 (2) Referrals to legal resources.
38 (3) Referrals to relevant occupational and State agency licensing boards.
39 (4) Referrals to community health workers.
40 (5) Access to trauma-informed and perinatal mental health services.

41 (b) Funding. – The Department shall provide any available funds, if practicable, to
42 community-based organizations to provide the services listed in subsection (a) of this section.

43 **"§ 90-178.17. Transfers.**

44 Hospitals and perinatal health care providers shall participate and collaborate in standardized
45 transfer protocols that prioritize patient safety and continuity of care while preserving
46 professional autonomy, consistent with national standards of practice and peer state models for
47 those providers.

48 **"§ 90-178.18. Midwifery education and community infrastructure.**

49 (a) Infrastructure Support. – The State, through this Article, shall support all of the
50 following:

- 51 (1) Midwifery education and apprenticeship pathways.

(2) Scholarships and stipends for perinatal health care providers.

(3) Continuing education and workforce development.

(b) Funding. – The Department shall provide any available funds, if practicable, to community-based organizations and birth centers to provide the services listed in subsection (a) of this section and care coordination, billing and compliance, and workforce supervision.

"§ 90-178.19. Doula workforce sustainability.

The State recognizes doulas as essential members of the maternal health workforce and shall (i) establish fair reimbursement and prompt payment standards, (ii) fund doula support hubs and mentorship programs, (iii) provide operational grants to maternal health community-based organizations, and (iv) conduct regional workforce assessments. Doula labor shall not be premised upon unpaid or volunteer models."

SECTION 1.(b) G.S. 58-3-170 reads as rewritten:

"§ 58-3-170. Requirements for maternity coverage.

...

(c) A health benefit plan that provides coverage for any maternity care provided by a Certified Nurse Midwife licensed under Article 10A of Chapter 90 of the General Statutes shall reimburse at the same rate, subject to the same coverage terms, equivalent services provided by a perinatal health care provider licensed under Article 10C of Chapter 90 of the General Statutes and subject to Article 10B of Chapter 90 of the General Statutes."

SECTION 1.(c) Subsection (b) of this section is effective October 1, 2026, and applies to insurance contracts entered into, renewed, or amended on or after that date.

SECTION 1.(d) Reimbursement Parity for Medicaid. – The Department of Health and Human Services, Division of Health Benefits (DHB), shall take all necessary actions, including any changes to applicable clinical coverage policies, to ensure that Medicaid maternity care services provided by a Certified Nurse Midwife licensed under Article 10A of Chapter 90 of the General Statutes are reimbursed at the same rate and subject to the same coverage terms as equivalent Medicaid maternity care services provided by a perinatal health care provider licensed under Article 10C of Chapter 90 of the General Statutes, as enacted by Section 2 of this act.

SECTION 1.(e) Subsection (d) of this section is effective October 1, 2026.

SECTION 2. Chapter 90 of the General Statutes is amended by adding a new Article to read:

"Article 10C.

"Certified Professional Midwives and Certified Midwives.

"§ 90-178.25. Title.

This Article may be cited as the "Accessing Midwives Act."

"§ 90-178.26. Definitions.

The following definitions apply in this Article:

(1) Antepartal. – Occurring during pregnancy.

(2) Certified Midwife (CM). – A person who has obtained national certification from the American Midwifery Certification Board (AMCB).

(3) Certified Professional Midwife (CPM). – A person who has obtained national certification from the North American Registry of Midwives (NARM).

(4) Collaboration. – The process by which a Certified Professional Midwife and a physician or other appropriate health care provider jointly manage the care of a client, as defined by Council rule.

(5) Consultation. – The exchange of information and advice regarding the client's condition and indicated treatment with a licensed physician or Certified Nurse Midwife.

(6) Council. – The North Carolina Council of Certified Professional Midwives, a subcommittee of the Division of Health Service Regulation.

- 1 (7) Department. – The North Carolina Department of Health and Human
2 Services.
- 3 (8) Division. – The Division of Health Service Regulation within the Department
4 of Health and Human Services to which the North Carolina Council of
5 Certified Professional Midwives reports.
- 6 (9) Health care provider. – As defined in G.S. 90-21.11.
- 7 (10) ICM. – The International Confederation of Midwives.
- 8 (11) Intrapartal. – Occurring during the process of giving birth.
- 9 (12) Licensed physician. – A physician duly licensed in this State to practice
10 medicine under Article 1 of this Chapter.
- 11 (13) Licensee. – A Certified Professional Midwife who holds the CPM credential
12 or a Certified Midwife who holds the CM credential and is licensed to practice
13 midwifery under this Article.
- 14 (14) Midwifery. – The provision of primary health or maternity care to
15 childbearing people and infants.
- 16 (15) NACPM. – The National Association of Certified Professional Midwives.
- 17 (16) NARM. – The North American Registry of Midwives.
- 18 (17) Postpartal. – Occurring subsequent to birth.

19 **§ 90-178.27. License required; exemptions.**

20 (a) No person shall practice or offer to practice midwifery, as defined in this Article, or
21 otherwise indicate or imply that the person is a licensed Certified Professional Midwife or
22 Certified Midwife unless the person is currently licensed as provided in this Article.

23 (b) The provisions of this Article do not apply to any of the following:

- 24 (1) An individual approved to practice as a Certified Nurse Midwife under Article
25 10A of this Chapter.
- 26 (2) A physician licensed to practice medicine under Article 1 of this Chapter when
27 engaged in the practice of medicine as defined by law.
- 28 (3) The performance of medical acts by a physician assistant or nurse practitioner
29 when performed in accordance with the rules of the North Carolina Board of
30 Nursing and the North Carolina Medical Board.
- 31 (4) The practice of nursing by a registered nurse engaged in the practice of nursing
32 under Article 9A of this Chapter.
- 33 (5) The rendering of childbirth assistance in an emergency situation.

34 **§ 90-178.28. The North Carolina Council of Certified Professional Midwives.**

35 (a) Composition and Terms. – The North Carolina Council of Certified Professional
36 Midwives is created. The Council shall consist of seven members who shall serve staggered
37 terms. The Council members shall be appointed by the Secretary of the Department of Health
38 and Human Services, and the initial Council members shall be appointed on or before October 1,
39 2026, or within three months of this Article becoming law, whichever is later, as follows:

- 40 (1) Four Certified Professional Midwives or Certified Midwives, one of whom
41 shall serve for a term of four years, two of whom shall serve for terms of three
42 years, and one of whom shall serve for a term of two years.
- 43 (2) One licensed physician who is knowledgeable in midwifery care who shall
44 serve for a term of four years.
- 45 (3) Two community birth consumers who shall serve for a term of two years.

46 Upon the expiration of the terms of the initial Council members, members shall be appointed
47 for terms of four years and shall serve until their successors are appointed. No member may serve
48 more than two consecutive terms.

49 (b) Qualifications. – Each Council member shall be a resident of this State. The members
50 who are Certified Professional Midwives or Certified Midwives shall hold current licenses from
51 the Council and remain in good standing with the Council during their terms.

1 (c) Vacancies. – Any vacancy shall be filled by the Secretary of the Department of Health
2 and Human Services. Appointees to fill vacancies shall serve the remainder of the unexpired term
3 and until their successors have been duly appointed.

4 (d) Removal. – The Council may remove any of its members for neglect of duty,
5 incompetence, or unprofessional conduct. If a Council member is absent from three consecutive
6 Council meetings without excuse, that member shall be removed from office and a new member
7 shall be appointed by the Secretary of the Department of Health and Human Services. An absence
8 shall be deemed excused if caused (i) by a health problem or condition verified in writing by a
9 licensed health care provider or (ii) by an accident or similar unforeseeable tragedy or event, on
10 or before the next Council meeting. A member subject to disciplinary proceedings in the
11 member's capacity as a health care provider shall be disqualified from participating in the official
12 business of the Council until the charges have been resolved.

13 (e) Compensation. – Each member of the Council shall receive per diem and
14 reimbursement for travel and subsistence as provided in G.S. 93B-5.

15 (f) Officers. – The officers of the Council shall be a chair, a vice-chair, and other officers
16 deemed necessary by the Council to carry out the purposes of this Article. All officers shall be
17 elected annually by the Council for two-year terms and shall serve until their successors are
18 elected and qualified. No person may serve as chair for more than six consecutive years.

19 (g) Meetings. – The Council shall hold its first meeting within 45 days after the
20 appointment of its members and shall hold at least two meetings each year to conduct business
21 and to review the standards and rules previously adopted by the Council. The Council shall
22 establish the procedures for calling, holding, and conducting regular and special meetings. A
23 majority of Council members shall constitute a quorum. The Council shall hold such meetings
24 during the year as it deems necessary, one of which shall be an annual meeting. The Department,
25 the chairperson, or a majority of the Council shall have the authority to call additional meetings.

26 (h) Notice of Meeting; Records. – Public notice shall be given for all meetings, and all
27 meetings are open to the public. All records are available to the public. Persons wishing to obtain
28 copies of records may request copies, in writing, from the Council.

29 (i) Rulemaking. – The Council shall adopt rules within one year of the initial meeting to
30 implement the provisions of this Article.

31 **"§ 90-178.29. Powers and duties of the Council.**

32 In consultation with the Division and with guidance from the National Association of
33 Certified Professional Midwives Standards of Practice and standards of practice adopted by the
34 Council for Certified Midwives, the Council shall have the following powers and duties:

35 (1) Administer this Article.

36 (2) Issue interpretations of this Article.

37 (3) Adopt, amend, or repeal rules as may be necessary to carry out the provisions
38 of this Article, including rules relating to the administration of medications
39 consistent with a Certified Professional Midwife's or Certified Midwife's
40 training and scope of practice.

41 (4) Verify the credentials and qualifications of applicants for licensure, license
42 renewal, and reciprocal licensure.

43 (5) Issue, renew, deny, suspend, or revoke licensure and carry out any disciplinary
44 actions authorized by this Article.

45 (6) Set fees for licensure, license renewal, and other services deemed necessary
46 to carry out the purposes of this Article, not to exceed five hundred dollars
47 (\$500.00) over a two-year period.

48 (7) Maintain a current list of all persons who have been licensed as Certified
49 Professional Midwives or Certified Midwives under this Article and, using a
50 statistically validated data collection tool, collect and review annual practice
51 reports.

- 1 (8) Address problems and concerns of Certified Professional Midwives or
2 Certified Midwives in order to promote safety for the citizens of this State.
3 (9) Conduct investigations for the purpose of determining whether violations of
4 this Article or grounds for disciplining Certified Professional Midwives or
5 Certified Midwives exist.
6 (10) Maintain a record of all proceedings and make available to all Certified
7 Professional Midwives and Certified Midwives and other concerned parties
8 an annual report of all Council action.
9 (11) Adopt a seal containing the name of the Council for use on all official
10 documents and reports issued by the Council.
11 (12) Educate the public and other providers of maternity care about the role of the
12 Certified Professional Midwives and Certified Midwives.

13 **"§ 90-178.30. Requirements for licensure.**

14 An applicant shall be licensed to practice as a Certified Professional Midwife or Certified
15 Midwife under this Article if the applicant meets all of the following requirements:

- 16 (1) Completes an application on a form approved by the Council.
17 (2) Has completed all required educational and clinical training, including
18 education in emergency skills for pregnancy, birth, and newborn care and
19 other midwifery topics addressing all ICM Core Competencies, as determined
20 by NACPM or NARM, and has earned the national Certified Professional
21 Midwife certification credential awarded by a national midwifery certification
22 agency accredited by the National Commission on Certifying Agencies
23 (NCCA), the accrediting body of the Institute of Credentialing Excellence.
24 (3) Submits proof to the Council of current cardiopulmonary resuscitation (CPR)
25 certification and neonatal resuscitation program (NRP) certification.
26 (4) Has read, understands, and agrees to practice under the guidelines set forth in
27 this Article and any rules adopted pursuant to this Article.
28 (5) Pays the required fees in accordance with G.S. 90-178.34.

29 **"§ 90-178.31. Responsibilities of a Certified Professional Midwife; display of license.**

30 (a) A Certified Professional Midwife or Certified Midwife licensed under this Article
31 shall practice according to the National Association of Certified Professional Midwives
32 (NACPM) Standards of Practice or the standards of practice adopted by the Council for Certified
33 Midwives, as applicable, and shall have the following responsibilities:

- 34 (1) Provide care for the healthy client who is expected to have a normal
35 pregnancy, labor, birth, and postpartal phase in the setting of their choice.
36 (2) Ensure that the client has signed an informed consent form. This form shall
37 include information to inform the client of the qualifications of the licensee
38 and the process of shared decision making and refusal.
39 (3) Order routine antepartal or postpartal screening or laboratory analysis to be
40 performed by a licensed laboratory or testing facility, when necessary.
41 (4) Develop an emergency plan in collaboration with the client that shall include
42 transfer plans for the client in the event of an emergency.
43 (5) Determine the progress of labor, monitor fetal and maternal status, and when
44 labor is well-established, be available until delivery is accomplished.
45 (6) Remain with the mother during the postpartal period until the conditions of
46 the mother and newborn are stabilized.
47 (7) Instruct the parents regarding the requirements of all State-required newborn
48 screening.
49 (8) Submit and maintain a birth certificate of live birth in accordance with the
50 requirements of Article 4 of Chapter 130A of the General Statutes.

1 (9) Practice in compliance with the requirements of this Article and any rules
2 adopted pursuant to this Article.

3 (b) A licensee licensed pursuant to this Article shall display the license at all times in a
4 conspicuous place where the licensee is practicing, when applicable.

5 **"§ 90-178.32. License renewal; inactive status; lapsed license.**

6 (a) An initial license to practice shall be valid for two years. After the initial license
7 expires, a license shall be renewed every two years. All applications for renewal shall be filed
8 with the Council and shall be accompanied by the renewal fee in accordance with G.S. 90-178.34
9 and proof of current certification from NARM. Compliance with NARM recertification
10 requirements shall include (i) remaining in good standing with NARM, (ii) maintaining current
11 cardiopulmonary resuscitation (CPR) and neonatal resuscitation program (NRP) certifications,
12 and (iii) completing any continuing education requirements.

13 (b) A license that has expired for failure to renew may be reinstated after the applicant
14 pays any late and renewal fees as required by G.S. 90-178.34 and complies with any other rules
15 adopted pursuant to this Article.

16 (c) Upon written request to the Council, the Council may grant a Certified Professional
17 Midwife or Certified Midwife inactive status. While inactive, the licensee shall not practice
18 midwifery in this State and shall not be subject to license renewal requirements established by
19 the Council. A licensee may change the licensee's status from inactive to active by (i) submitting
20 a written request to the Council and (ii) fulfilling the requirements for renewal described under
21 subsection (a) of this section.

22 (d) A licensee who does not seek inactive status and allows the license to expire after a
23 90-day grace period shall apply for a new license as prescribed in this Article.

24 **"§ 90-178.33. Reciprocity.**

25 The Council may, upon application and payment of proper fees, grant a license to an
26 individual who resides in this State and has been licensed, certified, or registered to practice as a
27 licensee in another jurisdiction if that jurisdiction's standards of competency are substantially
28 equivalent to those provided in this Article in accordance with rules adopted by the Council.

29 **"§ 90-178.34. Fees.**

30 (a) All fees shall be set by the Council, in consultation with the Division, pursuant to
31 rules adopted under this Article. All fees payable to the Council shall be deposited in the name
32 of the Council in financial institutions designated by the Council as official depositories and shall
33 be used to pay all expenses incurred in carrying out the purposes of this Article.

34 (b) All salaries, compensation, and expenses incurred or allowed to carry out the purposes
35 of this Article shall be paid by the Council exclusively out of the fees received by the Council as
36 authorized by this Article or funds received from other sources.

37 **"§ 90-178.35. Midwifery formulary.**

38 The Council shall establish a formulary of drugs and devices that are appropriate to Certified
39 Professional Midwife care. Certified Professional Midwives shall dispense only those drugs and
40 devices in accordance with the current formulary defined by the Council. Certified Professional
41 Midwives shall comply with applicable State and federal laws and rules relating to administering
42 of drugs. Certified Professional Midwives shall maintain proper records of obtaining, storing,
43 and administering drugs and devices. Nothing in this section shall be construed to preclude a
44 midwife from carrying out the prescribed medical orders of a licensed health care provider
45 authorized to prescribe.

46 **"§ 90-178.36. Suspension, revocation, and refusal to renew license.**

47 (a) The Council may issue a letter of reprimand, deny, refuse to renew, suspend, or revoke
48 an application for licensure or a license if the applicant or licensee does any of the following:

49 (1) Gives false information or withholds material information from the Council
50 in procuring or attempting to procure a license.

- 1 (2) Gives false information or withholds material information from the Council
2 during the course of an investigation conducted by the Council.
- 3 (3) Has been convicted of or pled guilty or no contest to a crime that indicates the
4 person is unfit or incompetent to practice midwifery, as defined in this Article,
5 or that indicates the person has deceived, defrauded, or endangered the public.
- 6 (4) Has a habitual substance abuse problem or mental impairment that interferes
7 with his or her ability to provide appropriate care as established by this Article
8 or rules adopted by the Council.
- 9 (5) Has demonstrated gross negligence, incompetency, or misconduct in the
10 practice of midwifery, as defined in this Article.
- 11 (6) Has had an application for licensure or a license to practice midwifery as a
12 Certified Professional Midwife or Certified Midwife in another jurisdiction
13 denied, suspended, or revoked for reasons that would be grounds for similar
14 action in this State.
- 15 (7) Has willfully violated any provision of this Article or rules adopted by the
16 Council.

17 (b) The taking of any action authorized under subsection (a) of this section may be
18 ordered by the Council after a hearing is held in accordance with Article 3A of Chapter 150B of
19 the General Statutes. The Council may reinstate a revoked license if it finds that the reasons for
20 revocation no longer exist and that the person can reasonably be expected to perform the services
21 authorized under this Article in a safe manner.

22 "**§ 90-178.37. Enjoining illegal practices; vicarious liability.**"

23 (a) The Council may apply to the superior court for an order enjoining violations of this
24 Article. Upon a showing by the Council that any person has violated this Article, the court may
25 grant injunctive relief.

26 (b) No health care provider or medical facility shall be liable for an injury to a woman or
27 infant arising during childbirth and resulting from an act or omission by a Certified Professional
28 Midwife or Certified Midwife licensed under this Article, regardless of whether the health care
29 provider has consulted with or accepted a referral from the licensee."

30 **SECTION 3.** Except as otherwise provided, this act becomes effective October 1,
31 2026.