

RULEMAKING DOCKET NO. 24-2601-2601

RECORD OF PUBLIC COMMENTS

Pursuant to Idaho Code section 67-5225(2)(b), the Division of Occupational and Professional Licenses (DOPL) provides the following record of public comments received for Rulemaking Docket No. 24-2601-2601, involving changes to the Rules of Midwifery (IDAPA 24.26.01).

The contemplated rulemaking addresses the following: (1) Updates the midwifery formulary by aligning drug handling requirements and adding additional evidence-based medications used in maternal and neonatal care, as required by 2026 House Bill 639; (2) aligns continuing education (CE) requirements with biennial birthdate renewals and updates approved CE hours; and (3) makes technical corrections to Idaho Code references throughout the chapter when citations are no longer accurate.

Procedural Overview:

The Proposed Rule notice for this docket was published in the [September 2, 2026](#) Administrative Bulletin, in accordance with Idaho Code section 67-5225(2)(a). This notice contained details on how to submit public comments and participate in the public hearing set for September 14, 2026.

The 21-Day Public Comment Period began on September 2, 2026, and concluded on September 23, 2026.

September 14, 2026, Public Hearing:

The public hearing was attended by the following person(s):

- **Idaho Medical Association:** Dylan Ray
- **Members of the Public:** Charity Catlin, Jessica Borges, Lori Sabin,
- **Idaho Midwifery Council:** Lance Giles, Barbara Rawles, Laurie Hadden, Tawnya Guimond

The table below summarizes the discussion at the September 14, 2026, public hearing.

Under the “Response” column, “Response” indicates the answer provided by DOPL staff to the member of the public, when responding to questions. Staff did not respond to comments from members of the public but will communicate all comments to the Idaho State Board of Nursing.

Stakeholder	IDAPA Rule(s)	Comments/ Questions	Response
Lori Hadden, Midwife	24.26.01	Offered comments in support of the proposed rules since it moves to a Standard of Care Formulary and allows midwives to practice within their education, training, and experience.	Comments will be communicated to the Board.
Charity Catlin, Midwife	24.26.01	Offered comments in support of the proposed rules since they allow midwives to treat postpartum hemorrhages in the home. Current formulary creates unnecessary burdens on midwives and the support midwives being able to practice within their education, training, and experience.	Comments will be communicated to the Board.
Tawnya Guimond, Midwife	24.26.01	Offered comments in support of the proposed rules since it allows midwives to practice within their education, training, and experience.	Comments will be communicated to the Board.

Next Steps:

The Board of Nursing will vote to adopt Pending Rules at their October 22, 2026, Board meeting.

Materials pertaining to the rulemaking, including any available preliminary rule drafts, can be found on the DOPL website via the following link: <https://dopl.idaho.gov/rulemaking/>

For assistance on technical questions concerning this rulemaking, please contact **Ryan Bernard, Legislative & Regulatory Affairs Chief**, at (775) 870-7926.

RULEMAKING DOCKET NO. 24-2601-2601
DIVISION RESPONSE TO PUBLIC COMMENTS

The table below presents the Division's response to each public comment submitted for this rulemaking docket. The corresponding public comments appear on the following page(s) of this document.

Date	Submitted By	Response
5/13/2026*	Laurie Hadden	These comments requesting the Board adopt an open formulary through rulemaking were communicated to the Board.
5/14/2026*	Valerie Hall	These comments requesting the Board adopt an open formulary through rulemaking were communicated to the Board.
5/16/2026*	Lori Sabin, Idaho Midwifery Council	These comments requesting the Board adopt an open formulary through rulemaking were communicated to the Board.
5/17/2026*	Jessica Borges	These comments requesting the Board adopt an open formulary through rulemaking were communicated to the Board.
5/25/2026*	Patricia Sutherland	These comments requesting the Board adopt an open formulary through rulemaking were communicated to the Board.
7/20/2026*	Susie Keller, Idaho Medical Association	These comments were communicated to the Board, and it decided to adopt an open formulary.
9/9/2026	Lori Sabin, Idaho Midwifery Council	These comments of support were communicated to the Board.
9/10/2026	Jessica Borges	These comments of support were communicated to the Board.
9/10/2026	Tawnya Guimond	These comments of support were communicated to the Board.
9/12/2026	Charity Catlin	These comments of support were communicated to the Board.

* Comment received outside of the 21-Day Public Comment Period (September 2 - September 23, 2026)

May 13, 2026

Dear Members of the Idaho Midwifery Advisory Committee,

I have been a licensed midwife in Boise, Idaho for over ten years and am the owner of a freestanding birth center that serves more than 200 families each year. I am writing to ask for your support of an open formulary. The recent statutory update is extremely important for the families' midwives serve across Idaho. Supporting legislation that allows midwives to use medications within our scope, education, and training helps ensure families receive appropriate, evidence-based care.

I appreciate your continued commitment to prioritizing the safety of mothers and babies in Idaho. According to Idaho Vital Statistics, more than 1,200 Idaho families received care from licensed midwives in 2024, primarily in homes and freestanding birth centers. Under a closed formulary, when a new and potentially lifesaving medication becomes recommended for use, the statute would need to be reopened, and a lengthy legislative process completed before midwives could legally use it. During that time, thousands of mothers and babies could face unnecessary risk.

An open formulary allows midwives to use medications that support maternal and fetal well-being when those medications are within our scope, training, and the accepted community standard of care. Midwives remain accountable to and overseen by our state licensing board, which is consistent with the regulation of other healthcare professionals.

I respectfully ask for your support in advancing and implementing an open formulary so Idaho families can continue to receive safe, timely, and evidence-based maternity care.

Thank you for your time and consideration.

Laurie Hadden RN, CPM, LM

[REDACTED]

From: [Valerie Hall](#)
To: [Candace Villarreal](#)
Subject: Hall, Valerie LM, CPM-Midwife Formulary Public Comment
Date: Thursday, May 14, 2026 7:25:45 PM

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Attention members of DOPL and the Idaho midwife advisory committee,

My name is Valerie Hall. I have been a practicing Certified Professional Midwife in Idaho Falls since 2011. I serve communities from Teton Valley to Pocatello.

I'm writing in favor of an open formulary for CPMs in Idaho. We have been practicing below the level of our training and qualification. Up to this point we have had to go to the legislature every time medications need to be updated. We need to be able to serve our communities by staying up to date as research provides new treatments. Since so many of our clients live in rural areas far from hospitals, it is essential that we are able to meet their needs on the spot. This will improve safety for mothers and babies.

Thank you for your attention.

Valerie Hall, LM, CPM

From: [Lori Sabin](#)
To: [Candace Villarreal](#)
Cc: [Nicki Chopski](#); [Orin Duffin](#); [DOPL Health Profession Licensing](#); [Lance.Giles](#)
Subject: Sabin, Lori LM,CPM IMC President-Midwife Formulary Public Comment
Date: Saturday, May 16, 2026 9:08:16 AM

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Dear DOPL and Members of the Idaho Midwifery Advisory Committee,

The Idaho Midwifery Council is in support of moving forward with an open formulary. Our new statute update was approved without opposition because it makes sense for Idaho families and was well overdue and outdated. We feel it is imperative for our rules to reflect this same language so that Midwives can keep Idaho mothers and babies safe within our scope of practice, training and community standards. Over 100 Licensed Midwives in Idaho serve thousands of families desiring an out-of-hospital birth setting. According to Idaho Vital Statistics the need for midwifery care has continued to grow exponentially every year. Our great state is one of the fastest growing in the country. Many rural families rely on this access to quality care with a skilled, Licensed Midwife. They depend on us to carry the current and most appropriate medications that support maternal and fetal well-being and safety standards.

While we are out here serving and working within our communities it is burdensome to imagine having to come back to the legislature to ask for new and updated medications every few years.

We do not prescribe or have prescriptive authority. We only ask to be able to obtain and administer the current evidence-based medications for maternity care and newborns within our scope of practice, training and community standards. IMC is committed to supporting midwives and families in all areas of safe, low risk community birth.

We are appreciative to you all for serving on our Midwifery Advisory Board and for the DOPL regulations of all healthcare professionals.

Thank you for your support and time.

Lori Sabin, LM, CPM

Idaho Midwifery Council President



From: [Jessica Borges](#)
To: [Candace Villarreal](#)
Subject: Borges, Jessica LM, CPM-Midwife Formulary Public Comment
Date: Sunday, May 17, 2026 9:09:07 PM

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Dear Members of DOPL and the Idaho Midwifery Advisory Committee,

I am Jessica Borges, a Licensed Midwife practicing in North Idaho. I strongly support an open formulary for Idaho Licensed Midwives. An open formulary will allow Licensed Midwives to obtain and administer essential medications within their education, training, and experience. This will help Licensed Midwives care for families according to the most current, evidence-based standards, a fundamental component of providing safe, comprehensive, and up-to-date care.

Furthermore, an open formulary eliminates the burden of lengthy legislative processes that currently delay crucial updates. Moving forward with an open formulary—guided by accepted standards of care and evidence-based clinical guidelines, and directed by our state licensing board—will keep our formulary current and consistent with evidence-based standards, directly contributing to the safety of the many women and babies we serve.

Sincerely,

Jessica Borges, LM, CPM



Jessica Borges
LM, CPM



From: [Patricia Sutherland](#)
To: [Candace Villarreal](#)
Subject: Sutherland. Patricia Idaho Midwifery Formulary Change-Public Comment
Date: Monday, May 25, 2026 12:08:18 PM

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May 14, 2026

Attention members of DOPL and the Idaho midwife advisory committee,

My name is Patricia Sutherland. I am a licensed midwife practicing in South Central Idaho. My region includes Twin Falls, Burley and the rural surrounding areas. I have been practicing now eight years and serving the families of this area.

I am for an open formulary that will allow licensed midwives to obtain and administer the essential medication's, which they have been trained, educated and having experience using. This will help us licensed midwives care for our families with evidence based standards, the most current methods and comprehensive fundamental components for providing safe up-to-date practices.

I am also of the opinion that the open formulary will eliminate the lengthy legislative process that currently is in place for change when it comes to medication use for the most current up-to-date practices.

Thank you for your consideration and attention to this formulary change that increases the safety of many women and babies in my practice.

Patricia Sutherland LM, CPM



July 20, 2026

Ryan Bernard
Legislative and Regulatory Affairs Chief
PO Box 83720
Boise, ID 83720-0063

Dear Mr. Bernard,

The Idaho Medical Association (IMA) serves more than 4,000 members representing physicians in all specialties, practice settings, and geographic locations throughout Idaho. IMA respectfully submits these comments regarding the Board of Nursing's proposed rules implementing HB 639, as we remain concerned that they do not conform to the statutory framework established by HB 639 and therefore exceed the authority granted to the Board by the Legislature.

HB 639 was the product of legislative discussion and compromise. As enacted, the statute states that "[t]he rules adopted by the Board **shall define a formulary and protocol** for use by licensed midwives of drugs indicated for maternal care or neonatal care, as provided for in section 54-5504A, Idaho Code." Section 54-5504A further states that "[a] licensed midwife may obtain and administer any medication indicated for maternal care or neonatal care defined **in the formulary and protocol** for which the midwife possesses the requisite education, training, and experience. Administration of such medication must also be performed within the acceptable community standard of care."

Read together, these provisions require the Board to define both a formulary and a protocol. HB 639 did not create open-ended authority for licensed midwives to obtain and administer any drug that may be used in maternal or neonatal care. Instead, it limited that authority to medications identified through the formulary and protocol adopted by the Board. That limitation is essential to the statute and should be clearly reflected in the final rules.

As currently drafted, the proposed rule states:

"Treatment. For this rule, formulary means the medication dosage, route of administration, and duration of therapy that conforms to the Food and Drug Administration approved

indication and the acceptable midwifery standard of care. Evidence-based off-label use is permitted for any drug, provided it falls within the acceptable standard of care.”

IMA has several concerns with this approach.

1. The draft rule does not establish a formulary.

The formulary must identify the medications that licensed midwives are authorized to obtain and administer. That is the widely accepted, common understanding of the term “formulary,” and it is consistent with the structure of HB 639.

Instead, the draft rule adopts an arbitrary use of “formulary” that does not identify any medications at all. It treats dosage, route of administration, duration of therapy, FDA-approved indications, and standard of care as a substitute for the formulary itself. Those elements may be appropriate components of a protocol, but they do not answer the core question the Legislature directed the Board to answer: which medications are authorized for use by licensed midwives?

The only limitation on the use of any drug is that it must be FDA approved, within the individual licensee’s training (apparently in the individual judgment of a licensee) and within the standard of care for all licensees. This is a limitation in name only, not in practice. Discerning the standard of care for providers who are not physicians or nurses, who have no standardized training, and in most cases no practical oversight, will be a challenge in the best of circumstances.

Without identifying the medications included in the formulary, the rule lacks the transparency necessary for the Board, providers, patients, and the public to clearly understand what medications licensed midwives are authorized to obtain and administer.

2. The draft rule converts a limited statutory authorization into an open-ended standard.

HB 639 allows a licensed midwife to obtain and administer medications indicated for maternal or neonatal care only when those medications are “defined in the formulary and protocol.” The proposed rule exceeds the Legislature’s intent.

The Legislature did not simply say that a licensed midwife may obtain and administer any medication indicated for maternal or neonatal care. It added an important qualifying phrase: the medication must be defined in the formulary and protocol. The proposed rule should give meaning to that phrase.

A rule that does not list or otherwise define the medications included in the formulary effectively removes the formulary requirement from the statute and leaves only a protocol.

IMA does not believe that outcome reflects the legislative compromise embodied in HB 639.

3. A transparent formulary is necessary for public accountability and patient safety.

A clearly defined formulary provides transparency to the Board, licensed midwives, healthcare professionals, and the public. It also provides a clear basis for accountability if questions arise about whether a medication was authorized under Idaho law.

The absence of a defined formulary creates uncertainty not only for healthcare professionals, but also for licensed midwives attempting to practice within the law. A transparent list serves all parties and more accurately implements the statute.

IMA respectfully requests that the Board revise the proposed rules prior to final adoption. Specifically, IMA asks the Board to establish a true formulary that identifies the medications licensed midwives are authorized to obtain and administer, and to separately adopt protocols governing their use.

We would welcome the opportunity to continue working with the Board, DOPL staff, and other stakeholders to develop rules that comply with HB 639. We have drafted the attached formulary for consideration. We offer it as a starting point for discussion, informed by the perspectives of both physicians and licensed midwives, in the hope that it will assist the Board in developing a transparent and workable final rule.

Thank you for your consideration.

Sincerely,



Susie Keller
Chief Executive Officer

Draft Formulary for Licensed Midwives

Drug	Indication	Dose	Route of Administration	Duration of Treatment
Oxygen	Maternal/Fetal distress	0.5 L/min Increase as needed to a maximum of 10 L/min	Mask or bag and mask	Until maternal/fetal stabilization is achieved or transfer to the hospital is complete
	Neonatal resuscitation	10 L/min Increase amount as needed per NRP guidelines	Mask or bag and mask	Until stabilization is achieved or transfer to a hospital is complete
Oxytocin (Pitocin)	Active management of the third stage of labor	10 units	IM injection	Immediately postpartum or with delivery of the anterior shoulder
	Postpartum hemorrhage	10 units	IM injection	1-2 doses until stabilization is achieved or transfer is complete
	Postpartum hemorrhage	20-40 units; not to exceed 40 units to 1000mL of NS or LR and infuse at the necessary rate to control uterine atony	IV infusion	Until stabilization is achieved or transfer is complete
Misoprostol (Cytotec)	Postpartum hemorrhage	200-600mg orally 400-800mcg rectally	Oral or rectal administration	Until stabilization is achieved or transfer is complete
Methylergonovine (Methergine)	Postpartum hemorrhage	0.2mg; maximum three doses or 0.6mg total	IM or oral	Single dose may be repeated every 2-4 hours as needed until stabilization is achieved or transfer is complete
Tranexamic Acid (TXA)	Postpartum hemorrhage	1g in 100mL NS over 10 minutes	IV infusion	May repeat after 30 minutes with full evaluation of the cause of bleeding; until maternal stabilization is achieved or transfer is complete
Lidocaine 2-5% Gel	Local anesthetic for postpartum repair of lacerations or episiotomy	Maximum 600mg in 12 hours; use as needed	Topical	Completion of repair

Penicillin G (Recommended)	Group B Strep Prophylaxis	5 million units initial dose, then 2.5 million units every 4 hours until birth	IV in ≥100mL LR, NS, or D5LR	Birth of baby
Ampicillin Sodium (Alternative)	Group B Strep Prophylaxis	2 grams initial dose, then 1 gram every 4 hours until birth	IV in ≥100mL NS or LR	Birth of baby
Cefazolin Sodium (drug of choice for penicillin allergy with low risk for anaphylaxis)	Group B Strep Prophylaxis	2-gram initial dose, then 1 gram every 8 hours	IV in ≥100mL LR, NS, or D5LR	Birth of baby
Clindamycin Phosphate (drug of choice for penicillin allergy with high risk for anaphylaxis)	Group B Strep Prophylaxis	900mg every 8 hours	IV in ≥100 mL NS	Birth of baby
Epinephrine HCl 1:1000 (EpiPen)	Treatment or post-exposure prevention of severe allergic reactions	0.3mL pre-metered dose or 1mg/mL solution 0.3-0.5mg (0.3- 0.5mL) of undiluted epinephrine IM/SC	IM/SC once in anterolateral aspect of the thigh not to exceed 0.5mg (0.5mL) per injection, repeated every 5- 10 minutes as necessary	Every 20 minutes until emergency medical services arrive Not to exceed 0.5mg (0.5mL) per injection, repeated every 5-10 minutes as necessary
Lactated Ringer's (LR) 5% Dextrose in Lactated Ringer's Solution (D5LR) 0.9% Sodium Chloride (NS)	To achieve maternal stabilization	1,000mL per bag; titrate to the client's condition	IV infusion	Until maternal stabilization is achieved or transfer to a hospital is complete

Sterile Water	Reconstitution of antibiotic powder	As directed	As directed	Birth of baby
	Relief of back labor	0.1-0.5cc subQ at the four corners of the sacrum	As directed	Birth of baby
Rho(d) Immune Globulin	Prevention of Rho(d) sensitization in Rho(d) negative women	300mcg	Intramuscular	Single dose at any gestation for Rho(d) negative, antibody negative women within 72 hours of spontaneous bleeding or abdominal trauma. Single dose at 26-28 weeks gestation for Rho(d) negative, antibody negative women. Single dose for Rho(d) negative, antibody negative women within 72 hours of delivery of a Rho(d) positive infant, or infant with unknown blood type.
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)	Administered to a pregnant person to protect the newborn against pertussis	0.5mL	Intramuscular	27-36 weeks gestation according to CDC guidelines, or in the immediate postpartum period for those who did not receive Tdap during pregnancy or whose vaccination status is unknown
Respiratory Syncytial Virus Vaccine (RSV) (Abrysvo)	Administered to a pregnant person to protect the newborn against respiratory syncytial virus	0.5mL	Intramuscular	Pregnant women should get a single dose during weeks 32 through 36 of pregnancy, sometime between September and January
Inactivate Influenza Vaccine	Administered to pregnant people to prevent influenza infection or decrease severity	0.5mL	Intramuscular	Given as a single dose to an adult during influenza season (usually October-May); may be given in any trimester
0.5% Erythromycin Ophthalmic Ointment	Prophylaxis of Neonatal Ophthalmia	1cm ribbon in each eye	Topical	1 dose

Hepatitis B Vaccine	Prevention of Hepatitis B infection in all infants; post-exposure prophylaxis for infants exposed to Hepatitis B (i.e. if the client is Hepatitis B positive)	0.5mL	Intramuscular	Within 24 hours of birth
Phytonadione (Vitamin K1)	Prophylaxis for vitamin K deficiency bleeding	1mg	Intramuscular	One dose
Oral Glucose Gel 40%	Hypoglycemia of the newborn	200mg/kg (0.5mL/kg)	Massage directly into the neonate's buccal space	As needed for hypoglycemia until stabilization or transfer is complete
Iron Sucrose Injection (Venofer)	Iron deficiency anemia	200mg IV push over 2-5 minutes × 5 doses over 14-day period, or 200mg in 100mL NaCl over 15 minutes × 5 doses	IV push or IV infusion	Resolution of anemia or iron deficiency
Depo-Provera	Postpartum contraception	Single dose, 150mg	IM	Not recommended for use longer than 2 years in duration



9/9/2026

Dear DOPL,

The Idaho Midwifery Council is in support of the pending open formulary language in our midwifery rules. Thankfully our legislators agreed and passed our bill unanimously in the house and senate.

This language supports our goals to safely administer lifesaving medications at the right time and in the right doses by a trained licensed midwife. An updated open formulary is crucial to uphold regional and national standards of care and our scope of practice.

Idaho families deserve safe maternity care—regardless of where they live or where they decide to deliver. Licensed Midwives play a vital role in meeting this need and must be equipped with the tools necessary to do their jobs effectively.

In much appreciation,

Lori Sabin

IMC Board President



Idaho Licensed-Midwives Formulary

From Jessica Borges [REDACTED]
Date Thu 9/10/2026 9:34 PM
To Ryan J. Bernard <ryan.bernard@dopl.idaho.gov>

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Dear Mr. Bernard,

I am writing to submit a statement of support for the September 14th Board of Nursing Rules of Midwifery meeting. Thank you for your help in sharing this statement with the meeting members.

September 9, 2026

Dear Members of DOPL,

I am Jessica Borges, a Licensed Midwife practicing in North Idaho. I strongly support an open formulary for Idaho Licensed Midwives as recommended by the Board of Nursing. An open formulary will allow Licensed Midwives to obtain and administer essential medications within their education, training, and experience. This will help Licensed Midwives care for families according to the most current, evidence-based standards, a fundamental component of providing safe, comprehensive, and up-to-date care.

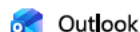
Furthermore, an open formulary eliminates the burden of lengthy legislative processes that currently delay crucial updates. Moving forward with an open formulary guided by accepted standards of care and evidence-based clinical guidelines and directed by our state licensing board will keep our formulary current and consistent with evidence-based standards, directly contributing to the safety of the many women and babies we serve.

Sincerely,
Jessica Borges, LM, CPM



Jessica Borges
LM, CPM





Midwifery Formulary

From Tawnya Guimond [REDACTED]
Date Thu 9/10/2026 4:51 PM
To Ryan J. Bernard <ryan.bernard@dopl.idaho.gov>

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Dear Members of DOPL,

My name is Tawnya Guimond, a Licensed Midwife practicing in the Treasure Valley, Idaho. I strongly support an open formulary for Idaho Licensed Midwives, as approved and recommended by the Board of Nursing. An open formulary will allow Licensed Midwives to obtain and administer essential medications within their education, training, and experience. This will help Licensed Midwives care for families according to the most current, evidence-based standards, a fundamental component of providing safe, comprehensive, and up-to-date care.

Furthermore, an open formulary eliminates the burden of lengthy legislative processes that currently delay crucial updates. Moving forward with an open formulary guided by accepted standards of care and evidence-based clinical guidelines, and directed by our state licensing board will keep our formulary current and consistent with evidence-based standards, directly contributing to the safety of the many pregnant people and newborns we serve.

Please consider allowing this open formulary to move forward so we can safely keep low risk birthing people and newborns out of the hospital when we can treat them at home.

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Best Wishes,

Tawnya Guimond, LM, CPM

Licensed Midwife, Certified Professional Midwife and Placenta Specialist





Proposed board of nursing rule update

From Charity Catlin [REDACTED]
Date Sat 9/12/2026 1:18 AM
To Ryan J. Bernard <ryan.bernard@dopl.idaho.gov>

CAUTION: This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns. I am writing to voice my support of an open formulary for Idaho Licensed Midwives, as recommended by the Board of Nursing. I am a licensed midwife in Sandpoint Idaho serving a rural population of families, most of whom live at least 30-60 minutes from the nearest hospital offering labor and delivery services. An open formulary would increase the safety of the critical access care provided by licensed midwives across Idaho by allowing us to stay up to date with evidence-based best practices for maternity care. Our current closed formulary requires a lengthy and costly legislative and regulatory process every time there are updates to the medications recommended as best practice for families receiving midwifery care. Thank you for your consideration of this matter. Charity Catlin, LM, CPM Sandpoint, Idaho