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Before The
State Of Wisconsin
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

In the Matter of the Application for a Licensed
Midwife Credential of Karen Carr, CPM, Applicant

FINAL DECISION AND ORDER
WITH VARIANCE

Order No. 136243

Division of Legal Services and Compliance Case No. 18 RMA 004

The State of Wisconsin, Department of Safety and Professional Services (Department), has reviewed the record in the above-captioned matter, the Proposed Decision of the Administrative Law Judge remanding the case back to the Department for further consideration of the evidence presented at hearing, and the 2018 revisions to Wis. Stat. § 111.335, Wisconsin's Fair Employment Act.

DISCUSSION

Pursuant to Wis. Admin. Code § SPS 183.01, the Department may deny an application for a midwife credential based on misconduct which includes but is not limited to: (1) violating any law or rule substantially related to the practice as a midwife (§ SPS 183.01(1)(b)), (2) being subjected to an adverse action by a licensing authority (§ SPS 183.01(1)(c)), and (3) engaging in a single act of gross negligence or a pattern of negligence which evidences an inability to apply the principles or skills of midwifery (§ SPS 183.01(1)(s)).

The Department concludes that there is sufficient evidence in the record to conclude that each of the above referenced provisions allowing for the denial of a midwife credential have been satisfied and as a result the Department can deny the applicant's request for a credential based on any of the three provisions referenced above.

Evidence in the record establishes that Applicant has two felony convictions in Virginia for Child Endangerment and Performing an Invasive Procedure Without a License. The circumstances surrounding these convictions and/or acts of misconduct, which led to a newborn's death, substantially relate to the practice as a midwife as Applicant was practicing as a midwife and performing medical procedures without the required licenses. In addition, the Maryland State Board of Physicians issued a Cease and Desist Order, an adverse action, to Applicant for conduct involving another newborn's death.

As illustrated in the circumstances surrounding the above referenced criminal convictions and adverse action, Applicant demonstrates a disregard for the laws requiring licensure in other states, she has engaged in practices she was not qualified to perform, and she demonstrates a reluctance to solicit and/or receive assistance from trained medical professionals when

circumstances require it. Applicant's misconduct has had tragic consequences not only for the children who have died, but also for the parents and families of those children.

The Department also considered the evidence of rehabilitation offered at the October 28, 2018, hearing along with the rest of the record and concludes that Applicant has failed to demonstrate to the Department's satisfaction that she is sufficiently rehabilitated to safely engage in the practice of midwifery. The Department's concerns regarding Applicant's ability to abide by the laws and to apply the principles and skills to practice midwifery safely have not been sufficiently alleviated by the additional evidence of rehabilitation and training presented by Applicant, given the serious and tragic consequences of her past actions. The Department takes its licensing powers and responsibilities very seriously, and as the Wisconsin Supreme Court noted in *Gilbert v. State Medical Examining Board*, 119 Wis. 2d 168, 349 N.W.2d 68 (1984):

This court has acknowledged that the purpose of licensing statutes is not to benefit those persons licensed to practice under the statutes, but rather to protect the public by the requirement of a license as a condition precedent to practicing in a given profession. The granting of a license pursuant to such a statute has been characterized as a privilege. *Strigenz v. Department of Regulation*, 103 Wis. 2d 281, 286, 307 N.W.2d 664 (1981). Such statutes are grounded in the state's police power to protect the public welfare through safeguarding the life, health, and property of its citizens. *State ex rel. Wis. R. Bd. of A. & P.E. v. T.V. Eng.*, 30 Wis. 2d 434, 438-39, 141 N.W.2d 235 (1966). Occupational licensing requirements follow a legislative determination that the public's health and safety require protection from "incompetent practitioners." *Laufenberg v. Cosmetology Examining Board*, 87 Wis. 2d 175, 184, 274 N.W.2d 618 (1979), citing *Watchmaking Examining Bd. v. Husar*, 49 Wis. 2d at 533. See also, *State ex rel. Green v. Clark*, 235 Wis. 628, 631, 294 N.W. 25 (1940).

Gilbert, at 188-89. In this matter, the Department must place the protection of the public above the individual interests of the Applicant in denying the Applicant's request for licensure as a midwife.

ORDER WITH VARIANCE

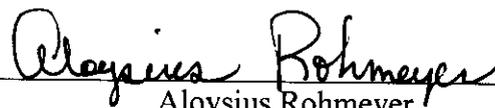
NOW, THEREFORE, it is hereby ordered that the Procedural History, Findings of Fact, Discussion, and Conclusion of Law, paragraph 1, of the Proposed Decision annexed hereto, filed by the Administrative Law Judge, shall be adopted as part of the Department's Final Decision and Order With Variance.

NOW, THEREFORE, it is further ordered that after taking into consideration the entire record in the above-captioned matter, the Proposed Decision of the Administrative Law Judge, the evidence presented at hearing, and the 2018 revisions to Wis. Stat. § 111.335, Wisconsin's Fair Employment Act, the Applicant has not met her burden of proof that the Department erred in denying her application for a midwife credential.

NOW, THEREFORE, it is further ordered that the Applicant's request for a midwife credential is denied.

The rights of a party aggrieved by this Decision to petition the Department for rehearing and petition for judicial review are set forth on the attached "Notice of Appeal Information."

Dated at Madison, Wisconsin on the 17th day of June 2019.



Aloysius Rohmeyer

Chief Legal Counsel

Department of Safety and Professional Services



Before The
State of Wisconsin
DIVISION OF HEARINGS AND APPEALS

In the Matter of the Application for a Licensed
Midwife Credential of Karen Carr, CPM,
Applicant

DHA Case No. SPS-18-0033
DLSC Case No. 18 RMA 004

PROPOSED DECISION AND ORDER

The parties to this proceeding for purposes of Wis. Stat §§ 227.47(1) and 227.53 are:

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Department of Safety and Professional Services, Division of Legal Services and
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PROCEDURAL HISTORY

By letter dated June 14, 2017, the Wisconsin Department of Safety and Professional Services (Department) denied Karen Carr's application for a Licensed Midwife credential. Carr sought review of the decision and on September 7, 2017, the Department denied Carr a hearing on grounds that she had not alleged a mistake of law or fact in her request for a hearing as required by Wis. Admin. Code § SPS 1.07. Carr appealed the Department's denial of her hearing request and by order dated February 26, 2018, Dane County Circuit Court Judge Peter Anderson reversed the Department's decision and remanded the matter to the Department for a hearing. (Carr Ex. 110)

This matter was forwarded to the Division of Hearings and Appeals and a hearing was held on October 29, 2018, following which the parties submitted post-hearing briefs.

FINDINGS OF FACT

1. In 1997, Carr was first certified by the North American Register of Midwives as a Certified Professional Midwife (CPM).¹ (Carr Ex. 102)

2. By letter dated June 14, 2017, the Department denied Carr's application for a Licensed Midwife credential. The stated reasons for the denial were as follows:

- On May 5, 2011, Carr was convicted of two felonies in the State of Virginia, Child Endangerment and Performing an Invasive Procedure Without a License, both of which were substantially related to the practice of Licensed Midwife.
- Carr engaged in misconduct by violating the minimum standards of the profession necessary for the protection of the health, safety or welfare of a client or the public.
- On or about May 25, 2011 the Maryland State Board of Physicians took adverse action against Carr by sending her a Cease and Desist letter for practicing medicine without a license.
- Carr's conduct evidenced an inability to apply the principles or skills of midwifery.
- Granting Carr a Licensed Midwife credential would create an unreasonable risk of harm to the public as she did not establish that she is competent to practice as a Licensed Midwife in a manner that safeguards the interests of the public.

The legal authority cited by the Department was Wis. Stat. §§ 111.335(1)(c)1. (as it then existed), 440.03(13), and 440.982; Wis. Admin. Code § SPS 181.01(1)(c) and 183.01(1)(b), (c), and (s). (Div. Ex. 1, p. 20²)

3. Carr disclosed her convictions on her Wisconsin application. She also submitted information related to the felony convictions, specifically, the grand jury indictment, the felony plea memorandum and agreement, what appears to be the judgment of conviction, and a letter in which Carr explains the circumstances leading to the convictions.

4. In her letter, Carr explained³ that while she was living in Maryland, a woman in Virginia (referred to as JT) contacted her. JT was nearing the end of her pregnancy and her baby was presenting in a breech position. Because of the breech position, JT was no longer able to work with the practice she had been working with throughout her pregnancy; therefore, JT's nurse referred her to Carr.

5. According to Carr, she met with JT and JT's husband and informed them of her experience with breech births, which at that time included attending approximately 50 successful

¹ The certification in the record shows an expiration date of October 15, 2015. However, at hearing, Carr testified that she had been certified for 25 years, since 1997.

² The Administrative Law Judge inserted page numbers on Division's Exhibit 1.

³ Unfortunately, the record does not contain a detailed description of the events resulting in the conviction from the State of Virginia's perspective.

breech births. She also informed them of the potential problems that may occur in a breech delivery, particularly to the baby. JT had researched breech births and determined that she did not want a cesarean section, which seemed to be the only option available to her short of traveling out of state. Carr states that informed consent was obtained.

6. According to Carr, on the evening of September 10, 2010, she received a call from JT informing her that JT was in labor. Carr went to JT's home, where they had agreed the birth would occur. JT's nurse was there, as was Carr's student. JT's baby was in a frank breech position. During labor, after JT began pushing, the baby became entrapped. Carr worked to release the baby's head, and attempted several position changes and manipulation of the baby's head, to no avail. At the advice of the nurse, Carr conducted an episiotomy in an effort to assist the birth of the baby's head. This was also futile. Finally, after Carr had JT sit on a stool, the baby's head was released. The baby was born floppy and nonresponsive and the heartbeat was low, even after initial ventilating breaths Carr gave the baby; therefore, Carr began a full resuscitation. At some point, someone in the room asked if 911 should be called. Carr stated that she was surprised that it had not already been done and that she was so focused on attempting to bring life to the baby that she had not told anyone to make the call. She responded affirmatively and continued to work on the baby following the newborn resuscitation training that she received every two years. Ultimately, the baby was transported to the hospital and died.

7. On May 5, 2011, Carr was convicted in a Virginia circuit court of Child Endangerment and Performing an Invasive Procedure Without a License, the latter of which Carr states was due to the episiotomy she performed. (Div. Ex. 1, pp. 16-18; Carr Hearing Testimony)

8. In her letter and at hearing, Carr stated that she should not have pled guilty but that she was overwhelmed by what had happened and by the criminal justice system. She stated that there was a lot of publicity regarding the event, that JT did not want the case to go to trial, and that Carr wanted the case to go away. She said that it was not explained to her by her attorneys that this could affect her ability to practice as a midwife. (Div. Ex. 1, pp. 6-7; Carr Hearing Testimony)

9. Carr acknowledges that she was not a licensed midwife in Virginia and states that although she had the qualifications to be a midwife in Virginia, she was reluctant to become licensed there, in part, "because midwifery was not yet legal in [her] home state of Maryland where [she] did the majority of [her] births." (Div. Ex. 1, p. 7)

10. Carr was sentenced to serve four years for each conviction, to run concurrently, with all of the sentence suspended except for five days with credit for time served. Conditions included restitution, payment of fines, 50 hours of community service, not practicing midwifery in Virginia and not seeking a license to practice midwifery in Virginia. (Div. Ex. 1, p. 17; Carr Ex. 104, p. 2)

11. On May 5, 2015, a Virginia circuit court issued a Consent Order to Terminate Probation, which terminated Carr's probation. (Carr Ex. 104, p. 2)

12. Cynthia Caillagh also testified at hearing on Carr's behalf. Caillagh is a nationally and state-certified midwife who has been practicing as a midwife for 51 years. She has attended approximately 4,000 births, approximately 550 of which were breech births and has expertise in

breech births. She is a member of a national coalition to normalize breech births and teaches classes to help doctors and midwives re-learn breech births. She is familiar with the criminal case against Carr in Virginia. Nevertheless, based on Carr's reputation in the Maryland area, Caillah requested that Carr come to Wisconsin to act as a midwife for underserved Amish women in Wisconsin who wish to work with established midwives with experience in the Amish community. She testified that head entrapment is always a risk for breech births and that at the time Carr attended the birth in Virginia resulting in her criminal convictions, the commonly held view was that breeches were best served by cesarean section under hospital care. She opined that there is a better understanding today of breech births and that current data internationally suggests that vaginal births in an upright position carry almost the same risk of head entrapment as a cesarean section in a hospital. (Caillah Hearing Testimony)

13. Carr also submitted with her Wisconsin application a Cease and Desist Order issued on May 25, 2011 by the Maryland State Board of Physicians, which ordered Carr to immediately cease and desist practicing medicine in Maryland without a license. The Maryland order was based on events different from those resulting in the Virginia criminal convictions. The Maryland order noted the following:

- At the time of the incident in question, Carr had been providing pre-partum and post-partum care for years in her Maryland home.
- Carr was not a certified nurse-midwife in Maryland.
- In November of 2010, Carr attended to a mother in rural Maryland who was pregnant with twins. At delivery, meconium was present. Immediately after delivery, one of the twins (Twin 2) was observed to be in distress and required chest compressions and mouth to mouth resuscitation. After about 20 minutes of resuscitation, Emergency Medical Services (EMS) was notified. When EMS arrived, Twin 2 "looked a bit better" and EMS was sent away. Carr took care of Twin 2, who was described as "limp like a dish rag" and pale, and had grunting respirations. Carr fed Twin 2 overnight using a medicine dropper. Twin 2's status declined and he was taken to the hospital, where he showed signs of cerebral herniation and died. The board found that Carr practiced obstetrics and neonatology, which constituted the practice of medicine, for which Carr did not have a license.

(Div. Ex. 1, pp. 23-24)

14. Carr complied with the terms and conditions imposed by the Maryland Board of Physicians in a November 9, 2012 Final Decision and Order, presumably related to the Board of Physicians' May 25, 2011 Cease and Desist Order.⁴ (Carr Ex. 104, p. 1)

⁴ Unfortunately, the November 9, 2012 Maryland Decision and Order is not in the record. Carr states that she appealed the Cease and Desist Order, that the matter went to hearing and that the Cease and Desist Order was upheld. She appealed the matter to circuit court, which also upheld the decision. (Div. Ex. 1, p. 26) Although it is unclear, the timing suggests that the November 9, 2012 Decision and Order was the order resulting from the administrative hearing.

15. Carr testified at hearing that at the time of the Virginia and Maryland actions against her, Maryland law did not recognize CPMs. Carr worked with stakeholders and the legislature in Maryland and was successful in changing the law to allow for licensing of CPMs. The record does not show whether or not Carr obtained CPM licensure from Maryland. (Carr Hearing Testimony)

16. Carr was also the subject of a Cease and Desist Order from the District of Columbia (D.C.) Department of Health which ordered Carr to cease and desist from the practice of advanced practice registered nursing as a nurse-midwife in D.C. However, the order was vacated by the D.C. Office of Administrative Hearings, which held that although Carr may have been practicing as a CPM, she was not practicing as an advance practice registered nurse, as alleged. (Carr Ex. 109)

17. In August of 2017, Carr was issued a CPM license from the State of Delaware's Division of Professional Regulation, with an expiration date of March 31, 2019. (Carr Ex. 100)

18. On May 13, 2016, Carr obtained her Associate of Applied Science Degree of Direct Entry Midwife, conferred by Southwest Wisconsin Technical College (Southwest Tech). (Carr Ex. 105)

19. The Director of the Direct Entry Midwife Program at Southwest Tech, Sherry DeVries, testified at hearing and wrote a letter on Carr's behalf. DeVries is a CPM and a Certified Nurse-Midwife (CNM) and has a master's degree in nursing. DeVries' March 25, 2017 letter states that the Direct Entry Midwife Program provides formal education and training for CPMs who wish to obtain and/or upgrade their certification by studying obstetrics and research as it pertains to the profession of midwifery. The program helps students develop a deeper understanding of the science behind routine procedures and medications used in maternity and newborn care. DeVries described Carr's work to be of the "highest quality" and notes that she graduated with "high honors." DeVries asked Carr to deliver the speech for the graduating class of 2016. Carr's speech covered her criminal prosecution and the value of licensure. (Carr Ex. 105, pp. 2-3; DeVries Hearing Testimony)

20. Dr. Katie Williams (M.D., Ph.D.) of the Clinic for Special Children, also wrote a letter on Carr's behalf. Dr. Williams' July 28, 2017 letter states that Carr actively participated in a research study to test the utility of a modified newborn pulse oximetry screening program designed for infants born outside of the hospital. (Carr Ex. 101; Carr Hearing Testimony)

21. Carr also participated in Mother Health International, serving as a volunteer midwife at two government-approved birth clinics in Haiti and in Uganda for a total of 13 weeks, attending a total of 44 births.⁵ She was recommended highly by a member of the Mother Health International's board of directors for her work there, especially for her expertise in high-risk, complicated pregnancies. (Carr Ex. 103)

⁵ Carr traveled to Haiti twice, once in 2011. It is not clear from the record when the other Haiti travel or the Uganda travel occurred.

22. Carr has worked with the Amish community in Maryland and wishes to work with the underserved Amish community in the western part of Wisconsin. She has over 20 years of experience working with Amish women and their families and has attended hundreds of births in the Amish and other communities. (Carr Exs. 105, p. 2; 112; Devries Hearing Testimony)

23. An October 16, 2018 letter from Israel Hertzler in Boscobel, Wisconsin, discusses his family's experience with Carr as their midwife for five of their children when they lived in Maryland. Hertzler states that when his family moved to Wisconsin, they wanted to bring Carr with them, that she has provided excellent prenatal care for the family and for their community, and that she is very knowledgeable in caring for the mother and baby during labor and after the births. Hertzler states that during one of his wife's pregnancies, she needed medical emergency help during labor and that Carr knew when to call 911 and provided good care until the medical rescue team arrived. He states that they have had five midwives for their 11 children, and that Carr would be their first choice if she were available in Wisconsin. He requests that Carr be licensed and states that she would be an asset to their community in Wisconsin. (Carr Ex. 113)

DISCUSSION

Burden of Proof

On review of a denial of a license application, the applicant "has the burden of proof to show by evidence satisfactory to the credentialing authority that the applicant meets the eligibility requirements set by law for the credential." Wis. Admin Code § SPS 1.08(4). In requesting a hearing, the applicant must set forth a "specific description of the mistake in fact or law which constitutes reasonable grounds for reversing the decision to deny the application for a credential." Wis. Admin. Code § SPS 1.07(3).

Eligibility for Licensure

No person may engage in the practice of midwifery in Wisconsin unless the person is granted a license under subchapter XIII of Chapter 440 of the Wisconsin Statutes, is granted a temporary permit pursuant to a rule promulgated under Wis. Stat. § 440.984(2m), or is licensed as a nurse-midwife under Wis. Stat. § 441.15. Wis. Stat. § 440.982(1).

An applicant may be granted a license to practice midwifery only if the applicant submits an application, pays a credentialing fee, has not been convicted of certain delineated crimes (inapplicable here), submits certain information to the Department demonstrating proficiency in the use of a defibrillator, and submits evidence satisfactory to the Department of one of the following: (1) the applicant holds a valid certified professional midwife credential granted by the North American Registry of Midwives or a successor organization or (2) the applicant holds a valid certified nurse-midwife credential granted by the American College of Nurse Midwives or a successor organization. Wis. Stat. § 440.982(1m) and (2); Wis. Admin. Code § SPS 181.01(1).

However, the Department may deny a license to practice midwifery if the applicant has engaged in misconduct, which includes, "[v]iolating, or aiding and abetting a violation, of any law or rule substantially related to practice as a midwife;" having been subject to an "adverse

action by a licensing authority;” or “[e]ngaging in a single act of gross negligence or in a pattern of negligence as a midwife, or in other conduct that evidences an inability to apply the principles or skills of midwifery.” Wis. Admin. Code § SPS 183.01(1)(b), (c), and (s), respectively. These were the grounds relied upon by the Department in denying Carr licensure.

Respondent has not met her burden of establishing that the Department made a mistake of law or fact or that she was eligible for licensure based on the information the Department had before it at the time it denied her licensure on June 14, 2017. Respondent was convicted of two felonies in May of 2011, Child Endangerment and Performing an Invasive Procedure Without a License, the circumstances of which are substantially related to practice as a midwife, and which involved a newborn’s death. This conduct constitutes grounds for denial of licensure under Wis. Admin. Code § SPS 183.01(1)(b). Carr was also subject to an adverse action in Maryland -- a Cease and Desist Order from the Maryland State Board of Physicians -- for conduct involving another newborn’s death. This constituted grounds for license denial under Wis. Admin. Code § SPS 183.01(1)(c). Carr may dispute that she was practicing medicine in the Maryland case but she does not dispute that she was unlicensed as a midwife in both Maryland and Virginia during the incidents that resulted in the state actions against her. Based on the information the Department had before it, Carr has also not shown that it was error for the Department to conclude that Carr had “[e]ngag[ed] in a single act of gross negligence or in a pattern of negligence as a midwife, or in other conduct that evidences an inability to apply the principles or skills of midwifery,” which is grounds for license denial under Wis. Admin. Code § SPS 183.01(1)(s).

However, Carr asserts that this conduct occurred over seven years ago and that she has since been rehabilitated. She has served her sentence in Virginia and her probation was terminated, and the Maryland Board of Physicians issued an order stating that she was in compliance with terms and conditions it had imposed on her. In 2016, she obtained her Associate of Applied Science Degree of Direct Entry Midwife from Southwest Tech and graduated with high honors. The director of the program testified on her behalf at the hearing and also asked her to speak at Southwest Tech’s graduation ceremony. Carr has volunteered as a midwife overseas helping underserved populations and participated in a pulse-ox study administered by the Clinic for Special Children.

Perhaps most significantly, in August of 2017, Carr was issued a license to practice as a midwife from the State of Delaware’s Division of Professional Regulation. There is no reason to believe that Delaware’s counterpart to the Wisconsin Department of Safety and Professional Service did not know about Carr’s convictions or the administrative actions against her when it granted Carr the licensure she seeks here. The Delaware licensure occurred after the Department’s denial in this case.

I also note that the legislature has expressed a clear policy preference for attempting to rehabilitate those convicted of crimes where possible rather than barring them from licensure or employment. This policy is expressed in Wis. Stat. § 111.335(4)(b), which prohibits a licensing agency from refusing to license an individual or terminating an individual from employment for a criminal conviction unless the circumstances of the crime are substantially related to the circumstances of the job or licensed activity. *See* Wis Stat. §§ 111.322 and 111.335(3). This

policy is further expressed in recent statutory changes which require licensing agencies to consider evidence of rehabilitation. *See* Wis. Stat. § 111.335(4)(c) and (d). If the individual shows competent evidence of sufficient rehabilitation and fitness to perform the licensed activity, the licensing agency may not refuse to license the individual or terminate the individual from licensing based on that conviction. *Id.* Although counsel for the Department's Division of Safety and Professional Services states that the statutory changes to Wis. Stat. § 111.335 were not yet in effect at the time of the Department's 2017 denial, this legislative policy preference may nevertheless be considered here.

As stated above, Carr has not shown that the Department erred in reaching the conclusion it did based on the information it had at the time of its denial (reflected in Division Exhibit 1). However, Carr has provided additional information since the Department's denial which may impact the Department's decision regarding whether licensure is appropriate, including her licensure in Delaware. Pursuant to Wis. Admin. Code § SPS 1.09(5), "[i]f the applicant submits evidence of eligibility for a credential which was not submitted to the credentialing authority prior to denial of the application, the [Administrative Law Judge] may request the credentialing authority to reconsider the application and the evidence of eligibility not previously considered."

Based on the foregoing, it is appropriate to remand this matter to the Department to reconsider the application and the evidence of eligibility not previously considered, including the following: the midwife license granted to Carr by the Delaware Division of Professional Regulation, the certification from the North American Registry of Midwives certifying Carr as a Certified Professional Midwife, the July 16, 2017 letter from Mother Health International, the February 21, 2013 Order from the Maryland Board of Physicians indicating compliance with the terms and conditions imposed by that board, the Associate of Applied Science Degree of Direct Entry Midwife conferred by Southwest Tech, the July 28, 2017 letter from Dr. Williams of the Clinic for Special Children, the Caillagh hearing testimony, and Hertzler's October 23, 2018 letter.⁶

CONCLUSIONS OF LAW

1. Carr has not demonstrated that, based on the information the Department had before it at the time of its June 14, 2017 denial, the Department erred in denying her licensure as a Licensed Midwife. Wis. Admin. Code §§ SPS 1.07(3) and 1.08(4).

2. Pursuant to Wis. Admin. Code § SPS 1.09(5), it is appropriate that this matter be remanded to the Department to reconsider the application and the evidence of eligibility not previously considered by the Department, particularly the information set forth above.

ORDER

For the reasons set forth above, IT IS ORDERED that, pursuant to Wis. Admin. Code § SPS 1.09(5), this matter is remanded to the Department to reconsider the application and the

⁶ Although Carr referred to some of this information in letters to the Department following the Department's denial of her application, it is not clear from the record whether any of the additional information was reviewed or considered by the Department.

evidence of eligibility not previously considered by the Department, and in particular, the information set forth above.

Dated at Madison, Wisconsin on February 8, 2019.

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By: 

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Administrative Law Judge