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INDEPENDENT REGULATORY
REVIEW COMMISSION

January 2, 2008

Dear Ms. Howell and Ms. Wilmarth,

I'm writing to express my concerns regarding the proposed regulations related to prescriptive authority for midwives.

I'm concerned that the definition of a midwife has been changed from the original language. This new definition also defines a collaborating physician differently from the previous regulations. Midwives collaborate with both MDs and DOs and the definition should continue to reflect this. Additionally, the definition of a midwife colleague should not be limited to the care of pregnant woman but should reflect the full scope of midwifery practice.

As a practicing midwife, I find the requirement to file collaborative agreements with the board to be unnecessary and a possible obstacle to practice. This has not been required in the past. Collaborative agreements are available to anyone who requests them. These documents evolve as practice standards are updated and the requirement to file them with the board would delay this process. It also will hinder midwives who work in various practices. This requirement has the potential to make it very difficult for midwives to change practice settings. This is a new requirement that would be placed upon all midwives regardless of prescriptive authority and a change of regulations outside of that scope.

The authority to prescribe should be tied to the individual midwife and associated license rather than being tied to a particular collaborative agreement. By doing this the licensee has ultimate responsibility for his or her actions. Any references to prescriptive authority being tied to the filing of a collaborative agreement should be deleted. This includes sections 16.13 which should be limited to six categories - application without prescriptive authority, renewal without

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prescriptive authority, application with prescriptive authority, renewal with prescriptive authority, application for prescriptive authority for those already holding a license and license verification. The suggested fee structure puts undue financial strain on midwives who work with more than one provider or practice. Once again licensure should be tied to the individual and not to those they work with. Another references in 18.5 (g) "and be submitted to the Board for review" should be eliminated. Sections 18.9, (a & b & c) should also be eliminated.

I'd also like to see a few wording changes. In section 18.6 (6), it states "A midwife who possesses a master's degree of its substantial equivalent and national certification *may be* eligible". This wording is unclear and does not reflect what will happen if requirements are met.

Finally, in section 18.6(6)(ii)(B) the wording should mirror what is above and include categories of drugs to avoid an interpretation that list of individual drugs need to be in the collaborative agreement. New drugs and treatments are constantly being found and collaborative agreements can be more accurate and useful when categories are used.

I wish to thank you and the members of the board for the work that has gone into developing these regulations. I believe that with a few changes, we as a commonwealth with have done a tremendous amount to continue to improve the care provided to women and infants.

Sincerely,



Lillie Rizack, CNM, MSN