

#2656

**Community Women's Care of Berks County Inc.  
1017 Duryea Ave  
Reading, PA 19605**

Ms Fiona Wilmarth  
Director of Regulatory Review  
Independent Regulatory Review Commission  
333 Market Street  
14<sup>th</sup> Floor  
Harrisburg, PA 17101

INDEPENDENT REGULATORY  
REVIEW COMMISSION

2008 JAN 14 AM 9:17

RECEIVED

Dear Ms. Wilmarth,

I am writing in reference to the Prescriptive authority regulations proposed by the Board of Medicine on December 15, 2007. As a nurse-midwife, I anxiously await the long overdue ability to write prescriptions for the women I serve. I do have a few concerns about the regulations as written.

1, The definition of a midwife was changed and is not accurate. The language in the draft regulations, "a registered nurse licensed by the board to practice midwifery in collaboration with a physician licensed by the Board to practice medicine" alters what is required to practice midwifery in the commonwealth. Midwifery is a discipline separate from nursing. I would like to see it return to the original language. Midwives come from many different disciplines, including nursing. However the phrase "licensed in PA" should be included, to protect women from those not seeking that standard of care.

2. Both 18.5 g and h should be moved to section 18.6; these regulations apply to those midwives with Prescription authority. Not all midwives are going to be prescribing and this could cause conflict with those who do not. The collaborating physician agreement would not be changed for those not participating in prescriptive privileges.

3. Under 18.5 (g& h), the collaborative agreement should not have to be submitted and approved, but available upon request. Both parties in the agreement are professionals, and should have a practice agreement to that effect. Availability upon request reassures that there is such an agreement, without being cumbersome to the Board. Midwives work in a different relationship that NPs and PAs, while this may be a point of concern of safety for the Board, this relationship maintains safety for all parties involved.

4. Master's degree requirement needs to be moved to 18.6a to reflect that it is a requirement for prescriptive authority and not for the practice of midwifery. Separating it into the regulation pertaining to actual prescriptive authority removes any question.

5. Under 18.6 (2)(ii)" In the case of Schedule II controlled drugs..."there is a sentence that was added that is not in the Legislation. "The midwife shall notify the collaborating physician as soon as possible, but in no event longer than 24 hours from the

issuance of the prescription" should be deleted. Again this brings a difference of practice of midwives and CRNPs. In birth centers and private practices this would require the midwife calling the collaborating physician for pain relief in childbirth. Collaborating physicians will be aware of medications and have them delineated in the collaborative agreement.

8. Language under 18.9 a, b and c read "A nurse-midwife with prescriptive authority who can not continue the requirements for prescriptive authority will notify the board within 30 days so that the prescriptive authority can be put on inactive status." Part b and c, involving the collaborating physician in notification and possible disciplinary action should be deleted. Nurse-midwives should be accountable for changes in their collaborative agreement or employment. Collaborative physicians should not be disciplined for the responsibilities of the nurse-midwife.

Thank you for your time of this important matter.

Sincerely,

 MSM, CNM, RNC

Joyce D. Ward MSM, CNM, RNC