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INDEPENDENT REGULATORY
REVIEW COMMISSION

Sabina Howell
Board Counsel
P.O. Box 2649
Harrisburg, Pa. 17105

Dear Ms. Howell,

Thank you for the opportunity to respond to the proposed regulations related to Act 50. Act 50 directs the Board to "adopt, promulgate and enforce regulations that establish requirements for prescriptive authority for midwives to be met by individuals so licensed who elect to obtain prescriptive authority in this Commonwealth." I believe that some of the proposed regulations go beyond the scope and stated purpose of Act 50 and are not restricted to prescriptive authority.

18.1 definitions:

The proposed regulation changes the definition of Midwife. This proposed new definition is not one recognized by any National or International midwifery organization. Act 50 did not provide for any change in the definition of a Midwife. The requirement for collaboration already exists in our current regulatory language under 18.5. The words "by the Board", in the proposed new definition would potentially restrict the ability of Midwives to collaborate with Doctors who are DO's. This would create a restriction to practice and reduce access to care. I would respectfully request that the current definition of a Midwife be unchanged.

18.5 collaborative agreements:

(g) Midwives have practiced with a regulatory mandate for a collaborative agreement for over 20 years. Under current regulations in 18.6 (2), this collaborative agreement must be available upon request, to the Board or to clients. Act 50 does not mandate that a collaborative agreement be reviewed by the Board. The Board has NO consistent Midwifery representation. Who on the Board would review these agreements? Who has the Midwifery expertise to assess their agreement with Midwifery standards of care? How long would this review take? What would be the cost in time and resources to review these agreements? The wording in this section potentially restricts Midwifery practice, is not mandated by Act 50, and could be time, money, and resource burdensome.

18.6 practice of Midwifery

(6) The word "may" suggests that a Midwife can meet all the requirements and still be denied the authority to prescribe. This word should be "will". This follows the intent of Act 50 that any midwife who fulfills all the requirements can prescribe.

18.9 notification of changes in collaboration

(a) "The Midwife shall provide the Board with the new address of residence, address of employment, and name of registered collaborating Physician" Act 50 has no reference to "registering" of collaborating Physicians. Why must the Midwife know

and inform the Board of a change of home residence for a Physician? Shouldn't the Physician be responsible to inform his or her Board of a change in residence?

(c) Is the intent of this section to discipline a Midwife if a physician does not notify the Board of changes? This area is ambiguous. There is no evidence to support any need to register names of collaborating practitioners as a way of assuring public safety or benefit. Midwives and Physicians collaborate with many practitioners. In some large health care systems the numbers can be quite large. Notification of all collaborations and changes would be cumbersome and costly with NO evidence to support it as a quality assurance mechanism for the public.

Finally, any regulatory changes must be in accordance with the intent of Act 50: prescriptive authority. Regulatory changes must not go beyond this intent.

Thank You,

A handwritten signature in black ink, appearing to read 'DR' with a long horizontal flourish extending to the right.

Denise Roy CNM

cc: Ms. Fiona Wilmarth