OB/GYN ASSOCIATES of Lewisburg, P.C.
THE CHOICE YOU TRUST

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January 11, 2008

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

Dear Miss Howell:

On behalf of the midwives in this practice, this letter is our response to the proposed changes to the prescriptive authority regulations. Our practice is in Central Pennsylvania and is a privately owned company. The practice is composed of four OB/GYN Physicians, four Certified Nurse Midwives, three Nurse Practitioners and one Physician Assistant. All four of the midwives are Certified Nurse Midwives and have their Master of Science in Nursing. Three of us had prescriptive authority in other states (Alabama, Ohio, West Virginia). We are very pleased that the state legislature has recognized the merit of prescriptive authority for midwives. Being able to practice at our full professional and educational capacity benefits the health of our patient population and the efficiency of our multi-disciplined practice.

In reviewing the proposed changes and comparing the language to our current midwifery regulations, we have a few concerns.

Midwife definition: We are independent, professional providers of healthcare. Adding the information about a collaborating physician to the definition is unnecessary in describing our role and abilities.

Midwife colleague definition: We are part of an organized healthcare practice. If a substitute needs to be identified, this substitute would be either my practice midwife partner or collaborating physician, not just someone available. The relationship should be clearly defined.

Master's degree requirement: Based on our current regulations, midwifery practice requires certification from our national organization. The requirement of a Master's degree relates to practice with prescriptive authority only and should be more clearly delineated in the regulations.

Inappropriate prescribing: If an error occurs in the prescribing of a medication, the first priority is patient safety. The medication should be stopped and the prescription discontinued at the pharmacy. Involving the pharmacy personnel in a medication error is over-excessive in our opinion.

Collaborative agreement: While the collaborative agreement can certainly be kept on file at the Board, having a copy readily available in the community where we practice makes more sense. There is a copy in the office, in the hospital unit, and on file with administration.

Notification of changes in collaboration: Our current midwifery regulations do not identify any requirements for notification if any changes in collaboration occur other than to address the fact the midwife can only practice if in a collaborative agreement. The new regulations deal with prescriptive authority and, once again, a midwife can only participate if in a collaborative agreement. Multiple steps to follow if changes occur in the collaborative agreement only add administrative work. Part of the credentialing process for privileges at a hospital involve identification of the collaborating physician(s) for a midwife. If any changes to a collaborative agreement occur, those in need of this information will be informed in a timely manner.

Thank you for your time and attention to our concerns. We look forward to having the legal right to take care of our patients to our fullest professional and educational capacity.

Sincerely,
Certified Nurse Midwives of OB/GYN Associates of Lewisburg, PC

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