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INDEPENDENT REGULATORY
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January 11, 2008

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Sabina I. Howell, Esq.
Board Counsel
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

RE: Proposed Regulations
Nurse Midwife Prescriptive Authority

Dear Ms. Howell,

I am writing as President of the Pennsylvania Medical Society to offer comments on and support for the State Board of Medicine's proposed rulemaking regarding Nurse Midwife Prescriptive Authority. The proposed regulations appear to track the recent legislation amending the law to allow nurse midwives to prescribe drugs, and do not expand their scope of practice beyond that intended by the statute.

Under the definition of *Midwife*, the Society recommends the following addition :
Midwife—An individual licensed as a registered nurse by the Pennsylvania State Board of Nursing and licensed by the Board to practice midwifery in collaboration with a physician licensed by the board to practice medicine.

The Society would recommend the addition of the definition of "collaboration" similar to the one from the Nursing Law which describes the intended parameters of the relationship between nurses and physicians as well as the responsibilities each party brings to that relationship. It is recommended that the modified definition be added to section 18.1. The definition in the Nursing Law is:

"Collaboration" means a process in which a certified registered nurse practitioner works with one or more physicians to deliver health care services within the scope of the certified registered nurse practitioner's expertise. The process includes all of the following:

- (i) Immediate availability of a licensed physician to a certified registered nurse Practitioner through direct communication or by radio, telephone, or telecommunications.
- (ii) A predetermined plan for emergency services.

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- (iii) A physician available to a certified registered nurse practitioner on a regularly scheduled basis for referrals, review of the standards of medical practice incorporating consultation and chart review drug and other medical protocols within the practice setting, periodic updating in medical diagnosis and therapeutics and cosigning records when necessary to document accountability by both parties.

The definition would ensure that the relationships between nurse midwives and physicians are appropriate and assure the protections needed for good patient care and patient safety. While the Medical Practice Act defines what the nurse midwife *may* do, it is the collaborative agreement that determines what the nurse midwife *can* do within the scope of practice, based on a mutual understanding and agreement between the nurse midwife and the collaborative physician. The definition provides for availability of the physician for immediate consultation as well as on a regular basis to respond to issues that are beyond the nurse midwife's capabilities. Finally, the definition provides for regular physician oversight as appropriate to the circumstances and to the course of treatment.

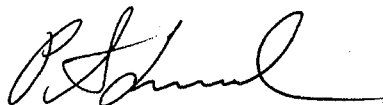
Further the Society would recommend that the Board consider inclusion of specific elements of the collaborative agreement that illustrate the need for these elements to be addressed. A model agreement need not be overly-prescriptive, but should permit the nurse midwife and the physician to consider these issues in developing their practice specific agreement. With respect to the listing of the categories of drugs from which the nurse midwife may prescribe or dispense that is to be included in the collaborative agreement, there should be a requirement for some form of attestation by the collaborating physician that he or she is familiar with the drug and how it is to be used.

The definitions in section 18.1 seem to address only the State Board of Medicine. Some provision should be made to recognize that osteopathic physicians could also be collaborating physicians.

Section 18.6(6) (i) requires that the nurse midwife must have completed at least 45 hours of course-work specific to advanced pharmacology at a level above that required by a professional nursing education program. There is no indication as to within what time frame those hours are to be completed. Due to the rapid changes in pharmacology and in the interest of assuring current competency of the nurse midwife, we would recommend that the hour requirement be completed within 2 years of application for the collaborative agreement.

On behalf of the Pennsylvania Medical Society, I'd like to thank the State Board of Medicine for its efforts to regulate the practice of midwifery through these regulations. Again, the Society is supportive of the regulations with the suggestions and comments offered.

Sincerely,



Peter S. Lund, MD, FACS
President

Cc: Honorable Robert M. Tomlinson, Chair
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