READING OB/GYN
The way women should be treated

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Dear Ms. Howell:

This letter is in response to the proposed rule making by the State Board of Medicine regarding implementation of the act of July 2007, (P.L.324, No.50) (Act 50) giving midwives prescriptive authority.

As a physician, I really appreciate the speed the Board has shown in promulgating these regulations. This reflects a high degree of commitment to the health and safety of mothers and babies in Pennsylvania. We are experiencing a shortage of obstetrical care providers and we need midwives to be able to practice to the full scope of their training. There are several changes to the proposed rule making that need to be incorporated to avoid restrictions in scope of practice and unnecessary liability on the part of collaborating physicians.

The most importance change is the new requirement to file and get Board approval for all collaborative agreements. Since 1987, midwives have practiced with collaborative agreements that are frequently revised to reflect changes in practice. The requirement to file these agreements and get Board approval is expensive and will give a huge disincentive for revisions. It will restrict access to midwifery care by delaying new employees from being able to start in a timely fashion. The process for review is not specified. It is not clear who would have the expertise or time to perform this function in an effective and expeditious manner. There is a potential to disrupt the workforce and increase costs in a segment of health care that is already a revenue loss for most institutions that employ obstetric providers. There is no evidence that a new requirement to file collaborative agreements will provide m ore protection to consumers. Collaborative agreements are readily available to pharmacists, consumers or the Board of Medicine if needed.

Additionally, there are some structural and wording problems that need to be corrected. The legislation (HB 1255) specifies that only midwives with Master's degrees can prescribe. The regulations, as written, can be misconstrued to imply that only midwives with Master's degrees may practice. Section 18.6 (relating to practice midwifery) is not the place for this section. It should be under 18.6a (Prescribing, dispensing and administering drugs). There are qualified midwives, licensed in the Commonwealth, who do not have Master's degrees. The legislation did not intend to prevent them from practicing. The current structure could be interpreted as implying that both prescribe authority and a Master's degree are a requirement of practice.

(Continued)

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A similar wording problem, perhaps an oversight, involves the definition of a midwife colleague. The language describes a midwifery colleague as a midwife who has primary responsibility in the management of a pregnant woman under the midwife's care. The definition needs to recognize that midwives play a role in well-woman gynecology, family planning and postpartum care. This definition restricts the scope of practice of midwives. A better definition would simply state that the midwifery colleague is a midwife who has primary responsibility in the management of a patient under the midwife's care.

The change in the definition of a midwife is also problematic. It states that a midwife is a person licensed by **the** Board to practice midwifery in collaboration with a physician licensed by the Board to practice medicine. There are midwives whose collaborating physicians are licensed by the Board of Osteopathy. These regulations appear to eliminate the opportunity to share the responsibility for midwifery collaboration with these qualified physicians. This change is another obstacle to midwifery practice that was not intended by the legislation. The definition should be returned to its original form.

One final issue is the section on inappropriate prescribing. The wording of this paragraph gives unnecessary liability to the collaborating physician. It does not reflect the reality of midwifery practice. Collaborating physicians do not supervise midwives. They will not be aware of every prescription written by the midwife. It is the pharmacist, midwifery colleague and the collaborating physician who all share in the responsibility f detecting and notifying patients if inappropriate prescribing occurs. Midwifery colleagues and pharmacists have a much higher chance of noting inappropriate prescribing than the consulting physician. The first sentence of this paragraph should be deleted so that the shared responsibility is clear.

Thank you very much for he time and thought that has gone into these regulations. We sincerely hope that our comments will be seriously considered and that the regulations will be changed to reflect our concerns.

Sincerely,

Dominic J. Cammarano, III, D.O.

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