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INDEPENDENT REGULATORY
REVIEW COMMISSION

Sabina I. Howell
Board Counsel
PO Box 2649
Harrisburg, PA 17105-2649

Dear Ms. Howell,

Thank you for all your work in making prescriptive privileges for nurse-midwives in the Commonwealth a reality. I applaud your efforts!

There are a couple of areas that I found to be confusing. They deal primarily with what seems to be mixing the requirements for certification for prescriptive privileges with the requirements for the practice of midwifery. I would greatly appreciate it if you would look at the following areas again to be sure that these requirements are limited to that needed for certification for prescriptive privileges for midwives who are licensed under existing regulations and in no way conflict with those regulations for practice.

Some of these areas are:

a) All definitions should be congruent with midwifery licensure regulations. Certification for prescriptive authority should not undermine regulations that seem to have been working well for the midwives and the physicians with whom they collaborate in ways that work best for them and the clients they serve in their community.

b) It needs to be clear that a Masters Degree is required only by the prescriptive regulations since it is not in the regulations for midwifery practice. Although almost all graduates today complete their education with a Masters degree, some of the foreign trained or more mature and highly competent and experienced midwives do not have Masters Degree for it has never been required for licensure to practice. Further, although all education is important to broadening knowledge beyond midwifery (i.e. research, teaching, and public health) there is no evidence to support that a Masters Degree makes an experienced midwife a better practitioner. The continuing education requirement that has been included is much more supportive of insuring continuing competence.

c) Since collaboration with a physician is covered in the regulations for licensure, it becomes confusing to have different requirements in the prescriptive authority and places what seems to be an unnecessary burden on both midwife and physician.

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d) The midwife certified for prescriptive authority should alone be accountable for meeting the requirements for dispensing, reporting and maintaining currency in information related to prescriptive privileges established by the Board of Medicine. Tying the actions of the midwife to the physician in any way has a potential for increasing the liability of the physician and therefore potentially diminishes the ability of the midwife to practice collaboratively with a physician.

Again I applaud you for this important initiative and look forward to a workable document being adopted.

Respectfully yours,

A handwritten signature in cursive script, appearing to read "Eunice K. M. Ernst".

Eunice K. M Ernst, CNM, MPH, DSc(hon)
President, American College of Nurse-Midwives
(a resident of Pennsylvania)