

# KEYSTONE MERCY

HEALTH PLAN

A Program of Keystone First and Mercy Health Plan

January 10, 2008

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

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INDEPENDENT REGULATORY  
REVIEW COMMISSION

Dear Ms. Howell:

This letter is in response to the State Board of Medicine's proposed regulations published in the Pennsylvania Bulletin on December 15, 2007 implementing the act of July 20, 2007, (P.L. 324, No.50) (Act 50), which gives midwives prescriptive authority. We are pleased that the Board of Medicine (the "Board") issued these regulations so quickly, which clearly reflect the Board's high degree of commitment to the practice of midwifery and to the health and safety of women and babies in Pennsylvania.

Keystone Mercy Health Plan, a managed care organization contracted with the Pennsylvania Department of Public Welfare to coordinate physical health care services for Medical Assistance recipients enrolled in the HealthChoices Program in Southeastern Pennsylvania, truly understands the value of midwifery care. The shortage of physicians providing obstetrical and gynecological care in Pennsylvania has made it increasingly difficult for women to find physicians to tend to their obstetrical and gynecological care needs. Midwives play a vital role in helping women to address these needs. Midwives are the backbone of the maternity care system in inner city Philadelphia.

In the spirit of encouraging midwifery practice in Pennsylvania, Keystone Mercy recommends several changes to the Board's proposed regulations. These changes will minimize the administrative burdens placed on midwives, avoid restrictions in the scope of midwifery practice, and reduce the liability on the part of collaborating physicians.

#### **Section 18.5 Collaborative agreements.**

#### **Section 18.9 Notification of changes in collaboration.**

Proposed Subsection 18.5(g) requires that collaborative agreements be submitted to the Board for review. Additionally, proposed Section 18.9 requires that the Board be notified of any changes in or terminations of collaborative agreements or a change in mailing address within thirty (30) days. It is unclear from the proposed regulations what authority the Board has once it receives the collaborative agreements. Does the Board have the authority to approve the agreements and any changes thereto? If so: (a) what is the criterion for approval; (b) what is the timeframe for such review and approval; and (c) are midwives precluded from practicing until such approval is received from the Board? Midwives have practiced with collaborative agreements since 1987. Collaborative agreements are frequently revised to reflect changes in practice. The requirement to file collaborative agreements (and any changes thereto) with the Board is onerous and may potentially discourage midwives from practicing midwifery, particularly if the collaborative agreements are subject to Board approval. The requirement also has the potential to restrict access to midwifery care by delaying new midwife employees from being able to start in a timely fashion. Additionally, there is the potential to disrupt the workforce and increase the burden in a segment of health care that is already overburdened by the shortage of obstetrical and gynecological providers. Collaborative agreements are currently readily available to, among others, pharmacists, consumers and the Board. Most insurance companies request copies of these agreements when they credential midwives for their networks. There is nothing to support that filing collaborative agreements with the Board will provide more protection to consumers. In fact, there is the potential to negatively affect consumers.

### **Section 18.6 Practice of midwifery.**

Proposed subsection 18.6(6) describes the requirements for prescriptive authority, including the requirement for a Master's Degree. There are highly qualified midwives who were trained before a Master's Degree became the prevailing standard. The placement of the requirements for prescriptive authority, including the requirement for a Master's Degree, in Section 18.6, which describes midwifery practice in general, is confusing and may result in people believing that a Master's Degree is required to practice midwifery. In order to eliminate the possibility of such confusion, the requirements for prescriptive authority, including the requirement for a Master's Degree, should be placed in Section 18.6a, which is the section on prescribing, dispensing and administering drugs.

### **Section 18.1 Definitions.**

The proposed regulations define a "Midwife colleague" as "a midwife who is available to substitute for the midwife who has primary responsibility in the management of a pregnant woman under the midwife's care." This definition implies that midwives only care for pregnant women, which is incorrect. The definition needs to recognize that midwives play a role in well-woman gynecology, family planning and postpartum care. A better definition would simply state that the Midwifery colleague is "a midwife who is available to substitute for the midwife who has primary responsibility in the management of a patient under the midwife's care."

### **Section 18.6a Prescribing, dispensing and administering drugs.**

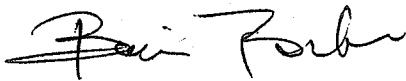
Proposed subsection 18.6a(c) requires that the collaborating physician notify the patient, midwife or midwife colleague, and in certain instances the pharmacy, if the midwife is prescribing or dispensing a drug inappropriately. This requirement does not reflect the reality of midwifery practice. Collaborating 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 of detecting and notifying patients if inappropriate prescribing and dispensing occurs. Midwifery colleagues and pharmacists have a much higher chance of noticing inappropriate prescribing and dispensing than the collaborating physician. Accordingly, the subsection should be revised to clearly reflect this shared responsibility among the collaborating physician, midwife colleague and pharmacists.

Keystone Mercy appreciates the Board's consideration of our comments. If you would like to further discuss our comments, please do not hesitate to contact us at 215-863-5750.

Very truly yours,



Jay S. Feldstein, DO  
Senior Vice President and Chief Medical Officer



Barrie Baker, MD  
Senior Medical Director

JSF;BB:clb