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INDEPENDENT REGULATORY
REVIEW COMMISSION

January 15th, 2008

Dear Ms. Howell,

We appreciate the opportunity to review the proposed regulations for prescriptive authority. We are encouraged by Governor Rendell's efforts as well as the Board's promptness in achieving the intent of HB1255. Midwives look forward to better serving the women and families of this commonwealth.

Overall we are very pleased with the current midwife regulations as put forth in Subchapter A Licensure and Regulation of Midwife Activities, 49 Pa. Code 107.12a. The addition of prescriptive authority further supports the intent of HB1255; to improve access to care for women of Pennsylvania by enabling providers to practice to the fullest extent of their educational preparation.

We wish to ensure that the addition of prescriptive authority to the current regulations does not inadvertently restrict access to care by altering the original practice act.

Therefore we recommend the proposed regulations

- Maintain the current definition of midwife and midwifery practice as contained in section 18.1
- Maintain the current language regarding collaborative agreements contained in section 18.5
- Maintain the current authority for midwifery practice as outlined in sections 18.6, 1,2,3, and 4

We recommend that the addition of language supporting prescriptive authority

- Clarifies that a midwife may practice without a master's degree
- Clarifies the exact requirements above and beyond the basic practice of midwifery that would enable some midwives to then also prescribe medications
- Ensures that the supervisory tone of some of the language that has been imported from the physician assistant regulations as pointed out in Ms. Lowenstein's letter to you previously, does not increase the vicarious liability of our collaborating physicians
- Remove the fee requirements for each application for practice/and or prescriptive authority
 - Midwives often practice in settings where many (up to 10-15) physicians may collaborate with the individual midwife, and associating a fee with each application to practice would be onerous

- Remove the requirement of submission for review the collaborative agreements to the Board of Medicine prior to practice
 - Currently midwives are required to have collaborative agreements and should be able to produce them upon request. We do not agree that the Board should have the authority to review and judge each collaborative agreement of each midwife prior to him/her being able to practice.

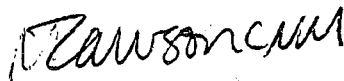
- Remove supervisory language regarding the prescribing of psychotropic medications
 - In each midwife's collaborative agreement, there is room for fine tuning or delineating the management of certain classes of medications or types of diagnosis relevant to the expertise of both the midwife and the collaborating physician (s), as well as the particular practice setting. It seems unusual to single out a particular class of medications at the level of the regulations.

This is an important advance in the professionalism of the practice of midwifery in the state of Pennsylvania, and we welcome all the hard work of legislators, midwives, the Board of Medicine and review board members who have made this addition to our current regulations possible.

Midwifery input into these regulations is vital and we thank you for the opportunity to voice our concerns and comments.

Sincerely,

Carolyn Leja, CNM
Nicole Rawson, CNM
Randi Singer, CNM
Patrick Thornton, CNM





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Midwifery Regulations

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