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January 5, 2008

#2656  
Ms. Fiona Wilmarth, Director of Regulatory Review  
Independent Regulatory Review Commission  
333 Market Street  
14th Floor  
Harrisburg, PA 17101

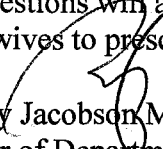
Dear Ms. Wilmarth.

As a physician, I would like to comment on the rules proposed by the Board of Medicine for the implementation of Act 50, giving prescriptive authority to midwives. This welcome legislation will make it possible for midwives to practice to the full scope of their training, while decreasing unnecessary liability for their consulting physicians, resulting in increased access to care for women in Pennsylvania. The following are my comments to the proposed rules.

1. **Regarding the new requirement to file with the Board, and get Board of approval of collaborative agreements;** this seems like a cumbersome, expensive, and unnecessary requirement. It is not clear who would be reviewing these documents, or what parameters would be used for their approval. Present regulations already require that the collaborative agreements be readily available to pharmacists, consumers, and the Board of Medicine.
2. **A Master degree to prescribe;** the legislation requires this degree to prescribe, not to practice midwifery. The placement of this requirement in the rules makes it appear that all midwives must have a Masters degree rather than just those with prescriptive authority. Please move this requirement from Section 18.6 (relating to the practice of midwifery) to Section 18.6a (Prescribing and dispensing of drugs).
3. **Definition of midwife reads "a person licensed by the Board to practice midwifery in collaboration with a physician licensed by the Board to practice medicine."** Because many midwives practice in collaboration with physicians licensed by the Board of Osteopathy, the definition should remain unchanged. ("a person licensed by the Board to practice midwifery").

4. **Inappropriate prescribing;** the proposed rules give unnecessary liability to the collaborating physician. In actual practice, collaborating physicians do not *supervise* midwives. They will not be aware of every prescription written by the midwife. It is the pharmacist, midwifery colleagues and the collaborating physician who should share the responsibility of detecting an error and notifying the patient.

Thank you for the opportunity to comment on these proposed rules. I hope that these suggestions will assist in making rules that meet the intent of the legislation allowing midwives to prescribe.

  
Barry Jacobson MD  
Chair of Department of Obstetrics  
Delaware County Memorial Hospital