



Rebecca R. S. Clark, PhD, MSN, RN, CNM, WHNP-BC  
418 Curie Blvd.  
Philadelphia, PA 19104

16 December 2022

Department of State  
Bureau of Professional and Occupational Affairs  
Attention: Cynthia Montgomery  
Counsel to the Department of State  
P.O. Box 69523  
Harrisburg, PA 17106-9523  
[RA-STRegulatoryCounsel@pa.gov](mailto:RA-STRegulatoryCounsel@pa.gov)

Subject: 16A-66 (Consideration of Criminal Convictions)

Dear Ms. Montgomery,

I am writing on behalf of the Legislative Committee of the PA Affiliate of the American College of Nurse-Midwives' (PA-ACNM), which represents certified nurse-midwives (CNM) in the Commonwealth, to strongly urge the Independent Regulatory Review Commission to reject the proposed Consideration of Criminal Convictions (16A-66) regulations and urge their revision. The proposed regulations do not accomplish the goal of the legislature when Act 53 was passed in 2020, to open the licensed professions to qualified people with old and unrelated criminal convictions, benefitting workers, patients, and employers alike.

I am an Assistant Professor at the University of Pennsylvania School of Nursing, the Nurse Scientist at Pennsylvania Hospital in Philadelphia, PA, and the Secretary of the PA-ACNM. In PA, CNM licenses are issued by the Board of Medicine, but we also hold registered nursing licenses, issued by the Board of Nursing. The proposed regulations will unjustly prohibit people from becoming CNMs who would meet the Board of Medicine's criteria but not the Board of Nursing's.

CNMs are more likely to serve in underserved areas – rural and urban – and are critical primary care clinicians, providing direct patient care across the lifespan. Midwifery-led care is associated with decreased cost for birth hospitalizations, increased patient satisfaction with the care provided, and lower rates of pre-term birth and cesareans. CNMs are also federally recognized as appropriate providers of medication-assisted therapy for opioid-use disorder. In other words, CNMs are essential care providers for supporting and improving the health of Pennsylvanians. The proposed regulations do not carry out the intent of the law and they effectively prevent the necessary increase of our healthcare workforce by providers who would meet the Board of Medicine's criteria, thereby creating barriers to healthcare access and health equity. As an advocate for Pennsylvania's midwives, I am particularly concerned that these regulations will prevent qualified people from becoming CNMs – an unacceptable outcome at a time when we are facing a shortage of healthcare providers, especially a declining obstetric workforce, and increasing maternity care deserts.

The proposed regulations should be revised in two ways. First, the proposed lists of “directly related” crimes must be shortened. Ideally, the proposed regulations would 1) not expand on the lists of sexual crimes, crimes of violence and drug trafficking that already apply to Nursing Board professions under Act 53, and 2) would be consistent with the Board of Medicine’s list of 34 crimes. Second, the proposed regulations should not create lifelong barriers to licensure. To accomplish the intent of the law, the lists of “directly related” crimes must include time limits so that people with old convictions are not presumed “unfit.”

I strongly urge the Department to address the issues and concerns identified in this comment. If you have any questions or need further clarification, please do not hesitate to contact me.

Sincerely,



Rebecca R. S. Clark, PhD, MSN, RN, CNM, WNHP-BC  
Secretary, PA-ACNM  
Assistant Professor, University of Pennsylvania School of Nursing  
Core Faculty, Center for Health Outcomes and Policy Research  
Nurse Scientist, Pennsylvania Hospital  
Senior Fellow, Leonard Davis Institute of Health Economics

Cc: Michelle Elliot, IRRC Regulatory Analyst, [melliott@irrc.state.pa.us](mailto:melliott@irrc.state.pa.us)