

MedChi

The Maryland State Medical Society

1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915

1.800.492.1056

www.medchi.org

TO: The Honorable Peter A. Hammen, Chairman
Members, House Health & Government Affairs Committee
The Honorable Ariana Kelly

FROM: Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise

DATE: March 5, 2013

RE: **OPPOSE** – House Bill 1202 – *Health Occupations – Certified Professional Midwives – Pilot Program*

The Maryland State Medical Society (MedChi), which represents over 7,600 Maryland physicians and their patients, opposes House Bill 1202.

House Bill 1202 proposes to establish a pilot program to recognize “certified professional midwives.” Certified professional midwives (CPM), as defined in the legislation, have neither the training nor the education of certified nurse midwives which have been licensed to practice in the State for a significant period of time and are regulated under the Board of Nursing. In fact, the midwives that would be covered by this legislation could be certified without even holding a high school diploma if they passed an exam recognized by an organization – the North American Registry of Midwives (NARM) – whose standards for certification are not based upon recognized medical practice or public safety for patients.

The curriculum, clinical skills, training and experience of certified professional midwives have not been approved by any authority recognized in certifying knowledge and skills associated with the practice of obstetrics, including the American Board of Obstetrics and Gynecology, the American Midwifery Certification Board, and the American Board of Family Medicine. CPM’s, by their lack of education and training, are not qualified to provide the home birth services for which they seek to be certified. Further, under the bill they would also be authorized to provide care to newborns. Their training and certification is completely lacking in any pediatric training necessary for the critical services often required by newborns.

Similar legislation was introduced in 2012 (See. House Bill 1156). The legislation was very controversial and as a result, Chairman Hammen requested the Department of Health and Mental Hygiene (DHMH) convene a Midwives Workgroup. That workgroup, comprised of all relevant stakeholders, met over the interim and considered an aggressive and comprehensive agenda of issues relevant to the practice of midwifery and home births. On January 28, 2013, DHMH issued a report

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summarizing the workgroup's deliberations. There was a complete lack of consensus by workgroup members on issues relative to home births and certified professional midwifery practice. MedChi would assert that despite a concerted and focused effort by stakeholders to address the issues raised by this legislation, the lack of consensus should raise caution and concern to proceed as proposed in House Bill 1202.

House Bill 1202 is essentially the same bill as House Bill 1056 from 2012 - absent the formation of a midwifery board and delineation of a licensure and regulatory framework - with a two year sunset. The inclusion of a requirement for a midwife to file "birthing plans" does not substantially change the provisions of the bill or eliminate patient safety concerns. In essence, House Bill 1202 would allow certified midwives the ability to practice in Maryland for two years before the State would determine whether they should be permanently recognized in the State. There is absolutely no existing precedent for such an "experiment" and in many ways places both women and newborns in Maryland at greater risk of harm than the original legislation.

This Committee has spent considerable time over the last few years working to enhance and facilitate the collaborative practice environment between physicians, certified nurse midwives and nurse practitioners. This legislation actually prohibits requirements for collaborative practice and therefore would authorize individuals without proper education, training or experience to provide services to pregnant women and their newborns without any requirement to collaborate or interface with other licensed providers or hospitals to ensure appropriate transfer of care should a change of setting or provider be required. Recognition of these professionals will create an extremely dangerous environment for the provision of obstetric and newborn services that place women and children at risk when they are medically most vulnerable.

The Maryland Chapter of the American College of Obstetrics and Gynecology has provided additional information regarding the basis for defeat of this legislation which MedChi endorses and urges you to carefully review. The arguments presented here and by ACOG provide sufficient basis for defeat of this legislation. MedChi urges an unfavorable report on House Bill 1202.

For more information call:

Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
410-269-1618