

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 Operations Committee
The Honorable Ariana Kelly

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

DATE: March 5, 2013

RE: **OPPOSE** – House Bill 1151 – *State Board of Nursing – Certified Nurse-Midwives – Standards and Practice Guidelines*

The Maryland State Medical Society (MedChi), which represents over 7,500 Maryland physicians and their patients, opposes House Bill 1151.

House Bill 1151 eliminates the requirement that a certified nurse midwife attest at the time of licensure to the existence of a collaborative relationship with a physician. This requirement is a fundamental component of the regulatory structure implemented in 2009.

Legislation in 2008, which was introduced to eliminate the written collaborative agreement, contained verbatim the language included in House Bill 1151 (See House Bill 1407). That proposal was defeated and a workgroup of stakeholders convened to identify alternative regulatory approaches to the collaborative agreement. The outcome of that study is the current regulatory structure which does not require a written collaborative agreement but does require that a certified nurse midwife verify that they have an existing collaborative relationship prior to commencing practice.

Collaborative practice is required under the standards of practice of the American College of Certified Nurse Midwives. Consequently, the attestation should not be a barrier to the practice of midwifery. Removal of the attestation requirement will effectively mean that failure of a certified nurse midwife to form a collaborative relationship with a physician will not be determined until there is an investigation of a complaint by the Board of Nursing, presumably after a death or bad birth outcome. Maryland should not wait for a disaster to

occur before it determines that a certified nurse midwife is able and willing to practice in

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accordance with their professional standards. There have been a number of cases, one widely publicized, where failure to practice in collaboration with a physician has resulted in significant health consequences for the newborn and astronomical malpractice awards.

If a certified midwife is unable to identify a physician with whom they collaborate despite efforts to establish such a relationship, the answer should not eliminate the attestation requirement. MedChi is not aware of certified nurse midwives who are unable to form collaborative relationships with the possible exception of those nurse midwives who choose to do home births. In those circumstances, where a relationship is not in existence, the appropriate approach to collaboration should be for the State to identify an alternative mechanism to insure collaboration such as a local health department or hospital. Elimination of the attestation agreement does not promote the practice of nurse midwifery and only serves to place pregnant women and their newborns at greater risk of harm. MedChi urges an unfavorable report.

For more information call:

Joseph A. Schwartz, III
Pamela Metz Kasemeyer
J. Steven Wise
410-244-7000