

**REP. KHAN ANNOUNCES NURSE MIDWIVES LEGISLATION SIGNED INTO LAW (2-02-12)**

The Office of State Representative Kay Khan

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February 2, 2012

**REP. KHAN ANNOUNCES NURSE MIDWIVES LEGISLATION SIGNED INTO LAW**

Boston, MA – Representative Kay Khan is pleased to announce that her legislation, An Act Relative to Enhancing the Practice of Nurse Midwives, (H. 2369) was signed into law today by Governor Deval Patrick.

This bill will amend Chapter 112 of the General Laws which governs the practice of nurse-midwives. Currently, nurse midwives are authorized to order tests and medications under a “supervising physician.” However, this new law will replace the supervising physician language with new language to reflect modern collaborative practice between nurse-midwives, obstetricians and gynecologists.

“I would like to thank the Massachusetts Legislature and Governor Patrick for advancing this ground-breaking legislation which has been signed into law today and for acknowledging the importance of this issue,” said Representative Khan. “This new law will result in cost effective, high quality care to Massachusetts women and their families.”

This law will update the General Laws and eliminate barriers to the use of nurse-midwives in Massachusetts by more accurately reflecting today’s practice arrangements with obstetricians-gynecologists. In addition, it will remove physician liability for nurse-midwifery practice. An Act Relative to Enhancing the Practice of Nurse Midwives will help lower the high C-section rate in Massachusetts (33.5 percent of all births) and save health care costs.

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**GOVERNOR PATRICK SIGNS LEGISLATION TO ENHANCE THE PRACTICE OF NURSE- MIDWIVES IN MASSACHUSETTS (2-02-12)**

The Office of Governor Deval L. Patrick

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February 2, 2012

**GOVERNOR PATRICK SIGNS LEGISLATION TO ENHANCE THE PRACTICE OF NURSE- MIDWIVES IN MASSACHUSETTS**

BOSTON – Thursday, February 2, 2012 – Governor Deval Patrick today signed House Bill 3815, “An Act Relative to Enhancing the Practice of Nurse-Midwives.” The legislation authorizes nurse-midwives to issue written prescriptions and order and interpret tests and therapeutics, expanding access to nurse-midwifery care for more women in the Commonwealth.

“I am proud to sign this bill that recognizes the growing trend of nurse-midwifery in Massachusetts by giving women more flexibility in choosing their health care, while maintaining the safest practices,” said Governor Patrick.

The Department of Public Health (DPH) will be charged with registering nurse-midwives to issue prescriptions. DPH will work jointly with the Board of Registration in Nursing and the Board of Registration in Medicine to authorize controlled substances for which nurse-midwives may be certified.

The legislation will eliminate the requirement of nurse-midwives to practice as part of a team that includes a licensing physician with admitting privileges. Instead, nurse-midwives will be required to practice within a health care system and have clinical relationships with obstetrician-gynecologists that will provide consultation and referral.

“The safe and cost-effective care nurse-midwives provide is well-known in our largest cities, but is not available to all women in Massachusetts,” said Kathryn Kravetz Carr, a certified nurse-midwife and member of the American College of Nurse-Midwives. “This law removes an important barrier to all women having access to nurse-midwifery care. The Massachusetts Affiliate of the American College of Nurse-Midwives applauds Governor Patrick and the Massachusetts legislature for their support of better health care for Massachusetts women and their babies.”

Finally, the legislation authorizes nurse-midwives to order and interpret tests and therapeutics in accordance with applicable regulations and requires that nurse-midwifery care be consistent with the standards of care established by the American College of Nurse-Midwives.

“With this law, we can improve the safety of women and children while keeping health costs within reason,” said Senator Richard T. Moore. “It offers a safe, healthy option for more new mothers to consider.”

“For many years, expectant mothers in Massachusetts have received outstanding care from dedicated nurse-midwives,” said Representative Jeffrey Sánchez. “This new law is a crucial step forward in increasing access to care for women across the Commonwealth, particularly the underserved and vulnerable patients who often choose to seek care from nurse-midwives.”

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**MASSACHUSETTS MEDICAL SOCIETY TESTIFIES IN OPPOSITION TO HEALTH CARE BILLS (4-12-11)**

Massachusetts Medical Society

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April 12, 2011

**MASSACHUSETTS MEDICAL SOCIETY TESTIFIES IN OPPOSITION TO HEALTH CARE BILLS**

Waltham/Boston - April 12 - The Massachusetts Medical Society (MMS) today provided testimony to the legislature's Joint Committee on Public Health in opposition to nine bills, one that would license naturopaths and eight that would expand the scope of services of other professional groups. The Society's opposition is based on its belief that, should these bills be enacted, diminished patient safety for Massachusetts residents could result.

House 2367 - An Act to Create a Board of Registration in Naturopathy - Saying that naturopathy is "a hodge-podge of nutritional advice, home remedies, and discredited treatments," the MMS opposes a bill that would make naturopathic doctors licensed health care providers in the Commonwealth.

It listed two reasons why the state should deny licensure: (1) that licensure is interpreted by the public as an endorsement of the field, and (2) a self-regulating profession determines its own standards of practice. "Unsuspecting parents who lack sophistication in science or medicine," MMS testified, "couldn't be faulted for having their sick children treated by a practitioner who is licensed and purports to use safe and natural healing." Also, the bill lists what naturopathy includes but also states "shall not be limited to." As written, a self-regulating board can use that language to open up what its licensees may do.

Urging the Committee to reject the bill "as other thoughtful legislators have done for the past 15 years," MMS said "there simply cannot be one standard of care for one group purporting to be doctors engaged in diagnosis and treatment of human beings and a different standard for legitimate physicians, nurse practitioners, and physician assistants. There must be a single standard, and in health care it must be based on rational decision-making informed by science and clinical research."

House 1476 and Senate 1145 - Acts Relative to the Registration of Podiatrists - These are identical bills that would extend the scope of practice of podiatry beyond the diagnosis and treatment of the foot to include the ankle and the leg below the knee. The MMS said "this is an unfortunate example of non-physicians seeking to practice medicine without having to undergo the educational and training requirements demanded of all medical doctors or orthopedic surgeons.

"Podiatrists are not medical school graduates nor are they licensed by the Board of Registration in Medicine," the Society said. "They have a completely different educational process, postgraduate training and licensing system from medical doctors." The Society noted that the legislation specifies no new minimum standards of education and training for podiatrists, except those to be set by the profession itself, and urged the Committee to "protect the safety of patients by requiring that only those trained and licensed to practice medicine in the Commonwealth can do so."

House 2348, House 2357, and House 3163, Acts relative to optometric patient care - These bills would expand the practice of optometrists by allowing them to prescribe oral therapeutic medications. MMS opposes these bills because there is sufficient access to ophthalmologists to treat any eye disease and that optometrists are seeking to expand their business at the expense of their patients.

Stating that "Doctors of optometry are not medical doctors" and that "optometry is a different profession from the treatment of disease," MMS said it strongly believes the

legislature has a responsibility to protect the public from allied health professionals who "seek to unnecessarily expand their scope of practice without a corresponding increase in education and training requirements." It asked the Committee on Public Health to "seriously consider the potential harm to individual patients, the lowering of quality standards for essential vision care and the limited ability of the optometry board or the courts to protect patients harmed by being subjected to the lower standards of care of optometrists."

House 2369 - An Act Relative to Enhancing the Practice of Nurse Midwives - The Medical Society opposes this bill because it repeals the existing legal structure for nurse midwifery as practiced in Massachusetts for decades and "severs the connection between nurse midwives and obstetrician gynecologists and eliminates a requirement to work with a hospital-based team." The Society said it believes that the existing statutory requirements contribute to our good outcomes, convey a public protection benefit and have no negative impacts whatsoever on patient choice to work with nurse midwives. "If the decision were to be made for the best interest of children," the Society concluded in its testimony, "the decision would be clearly not to support legislation designed to eliminate or minimize physician participation in obstetrics."

MMS also noted the concerns of risk management organizations about allowing independent practice away from institutional team settings and away from a formal support program with triggers to get the mother to the hospital at the first sign of trouble.

House 1520, An Act Encouraging Nurse Practitioners and Physician Assistants of Primary Care and House 1477, An Act to Streamline Health Care Services by Allowing Nurse Practitioners to Verify Medical Papers and Records - The bills seek to eliminate the word "physician" from current state statutes and instead use the term "provider," raising the issue of the statutory role of physicians in patient care. While it would eliminate the word 'physician' from statutes, the bill offers a nebulous definition of primary care provider to the public health laws of the Commonwealth. The bills also strike out the current law requiring that the name of a supervising physician be listed on prescriptions of physician assistants, and that "when a provision of the law or rule requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, when related to physical or mental health, that required may be fulfilling by a nurse practitioner."

"This section replacing all requirements for a physician signature is indefensible," the Medical Society said, "unwarranted and a threat to the public." The Society also noted that the bills call for the term "provider" to be placed through the insurance laws as replacements for "physicians."

Saying that "no legislation before you today undermines the quality of our health care system and patients' rights more than H 1520," MMS asked the legislature to consider the potential value and harm in this legislation. "As it stands now," MMS said, "nurse practitioners and physician assistants have a valuable and growing role in health care. Insurers, hospitals, and other entities hire them, pay them well, and fully utilize their talents. What possible reason is there to pass this legislation other than the desire of some "providers" to increase their bargaining power with a wide variety of insurers and public payers?"

The complete testimony of the Medical Society is available at [www.massmed.org/testimony](http://www.massmed.org/testimony).

The Massachusetts Medical Society, with nearly 23,000 physicians and student members, is dedicated to educating and advocating for the patients and physicians of Massachusetts. The Society publishes the New England Journal of Medicine, a leading global medical journal and web site, and Journal Watch alerts and newsletters covering 13 specialties. The Society is also a leader in continuing medical education for health care professionals throughout Massachusetts, conducting a variety of medical education programs for physicians and health care professionals. Founded in 1781, MMS is the oldest continuously operating medical society in the country. For more information please visit [www.massmed.org](http://www.massmed.org), [www.nejm.org](http://www.nejm.org), or [www.jwatch.org](http://www.jwatch.org).

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**JOINT COMMITTEE ON PUBLIC HEALTH PASSES PATIENT SAFETY BILL (7-28-11)**

The Office of State Representative Jeffrey Sánchez

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July 28, 2011

**JOINT COMMITTEE ON PUBLIC HEALTH PASSES PATIENT SAFETY BILL**

Bill filed by Co-Chair Jeffrey Sánchez to reduce medical errors and improve patient safety passes unanimously

BOSTON-The Joint Committee on Public Health voted unanimously in favor of House Bill 1519, "An act reducing medical errors and improving patient safety" today. Sponsored by Representative Jeffrey Sánchez, co-chair of the Committee, the bill addresses systemic issues that affect patient safety by encouraging honest, open communication and evaluation of care among health care providers.

"As the dialogue about payment reform in Massachusetts moves toward basing payment on value and not volume, these issues of patient safety and quality become even more important," Sánchez said. "We need to find the right balance so that the coordination, efficiency, and quality of health care can all be improved in this process."

House 1519 requires the development of preventive measures to reduce avoidable errors, healthcare associated infections and other unanticipated health outcomes; requires the development of screening procedures for multidrug-resistant organisms, including MRSA; provides whistleblower protection to any person who assists in a complaint with the Board of Registration in Nursing; expands medical peer review laws to any committee formed to perform duties of a medical peer review committee, regardless of whether the committee has an affiliation with a specific hospital, nursing home, or HMO; and requires the study of the impacts of medication errors as well as medical overutilization of services, including the practice of defensive medicine in the Commonwealth.

In addition to addressing patient safety and quality issues, several of the bill's provisions will tackle health care costs. In the case of hospital acquired infections, the economic burden in Massachusetts is between \$200 and \$400 million annually due to the 34,000 hospital acquired infections that occur in Massachusetts each year. Additionally, the cost of defensive medicine in Massachusetts has been estimated to be nearly \$1.7 billion, or approximately \$253 per person in unnecessary costs. Nationally, the implementation of a 2-minute surgical checklist would save \$15-25 billion annually if all operating rooms in the United States adopted this checklist.

The Committee also voted to report House 2369, "An act relative to enhancing the practice of nurse midwives." The bill authorizes certified nurse-midwives to issue written prescriptions and order and interpret tests and therapeutics on their own authority. This bill was amended by the Committee to reflect an agreement between the Massachusetts chapters of the American Congress of Obstetricians and Gynecologists and the American College of Nurse-Midwives which requires nurse-midwives to practice within a health care system and have clinical relationships with obstetrician-gynecologists.

Other bills reported favorably include House 1488, "An Act relative to a Transfusion Related Acute Lung registry"; House 2349, "An Act relative to premature infant hospital discharge and quality improvement"; Senate 1094, "An Act restricting the sale of tobacco products at locations where health professionals are employed"; Senate 1101, "An Act establishing a voluntary rehabilitation program for pharmacists and pharmacy interns";

Senate 1143, "An Act relative to robotic surgery in the Commonwealth"; and Senate 1177, "An Act to provide survivorship plans and wellness resources for cancer patients".

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