MASSACHUSETTS RADIOLOGICAL SOCIETY, INC.

CHAPTER OF THE AMERICAN COLLEGE OF RADIOLOGY
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January 17, 2012

Honorable Senator Richard T. Moore
State House
Boston, MA 02133

Re: H.3815, "An Act Relative to Enhancing the Practice of Nurse Midwives"

Dear Senator Moore,

I write on behalf of the Massachusetts Radiological Society to express our strong opposition to H. 3815, which is currently on the Senate Calendar for consideration.

The Massachusetts Radiological Society (MRS) represents over 800 local diagnostic radiologists, radiation oncologists and medical physicists practicing in Massachusetts. It is the state chapter of the American College of Radiology ("ACR"). For over three quarters of a century, the ACR and its constituent chapters have devoted its resources to making imaging safe, effective and accessible to members of the public who need it.

H.3815 significantly changes the long standing scope of practice of nurse midwives to allow them to practice independent of physician supervision for key components of medical treatment relating to the ordering of tests, therapeutics and the prescribing of medications. Current law requiring physician supervision and collaborative guidelines between nurse midwives and physicians for the ordering of tests, therapeutics and prescribing medications would be deleted. Moreover, the current role of the Board of Registration in Medicine in developing regulations with the Nursing Board relating to these medical services would be deleted as well.

Of particular concern to the MRS is that the bill would grant nurse midwives the authority to interpret tests. Currently, no advanced practice nurse is authorized by law to interpret medical tests. This has long been considered the practice of medicine.

Our main concern is the broad nature of the proposed language permitting nurse midwives to 'order and interpret tests'. While this may have been drafted to permit nurse midwives to interpret the results of laboratory tests or fetal monitoring during the course of their duties, the language as it currently stands is overly broad, permitting interpretation of a broad variety of tests used in patient care. These tests, including imaging tests such as x-rays and ultrasound require extensive training and are typically

subset of physicians with specific subspecialty training. This concern could be addressed easily to avoid inappropriate scope of practice by specifically delineating appropriate tests in the language of the bill or excluding imaging exams.

Allowing a non-physician to interpret imaging exams could place patients at considerable risk for an adverse event. Imaging can assist in determining the need for the appropriate medical treatment for the mother and fetus. The interpretation of these examinations requires specialized medical education and training, and should only be performed by a qualified physician.

The MRS would urge that H.3815 be amended to maintain physician supervision and the removal of the provision allowing nurse midwives to interpret tests, or at the very least limiting "interpret tests" to exclude ultrasound and other imaging services.

Respectfully,

Christoph Wald, M.D., PhD
President
Massachusetts Radiological Society

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

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January 18, 2012

To the Honorable Senate
State House
Boston, MA 02133

Re: H.3815, "An Act Relative to Enhancing the Practice of Nurse Midwives"

Dear Senator,

I write to you on behalf of the Massachusetts Chapter, American Academy of Pediatrics (MCAAP), which represents over 1,700 pediatricians practicing in the Commonwealth. The MCAAP has grave concerns about the House passed H.3815, which is now on the Senate Calendar.

As pediatricians, our major concern is that the health and welfare of the newborn be protected. The end goal of every pregnancy is a healthy newborn. To achieve this, medical coordination and collaboration among providers engaged in obstetrical care with involvement of physician supervision is crucial. The legislature has historically recognized the need for this important safeguard and has imposed this standard of care.

H.3815 removes the current statutory provision that a nurse midwife function under the medical supervision of a qualified physician. It is important to recognize the difference in training of nurse midwives as compared to obstetricians. We believe allowing midwives to practice independently without medical direction or supervision would be a mistake.

While the bill does speak of "consultation, collaborative management and referral," it lacks the existing requirement of physician supervision. There are medical conditions which may occur during pregnancy, labor or delivery that may require medical direction, consultation or referral to allow complications with either mother or fetus/baby to be dealt with in a seamless and timely manner. Currently, even with close collaboration between nurse midwives and obstetricians, unexpected emergencies do occur at birthing centers and care needs to be managed at hospitals by obstetricians and neonatologists to help ensure good outcomes.

Currently the Board of Registration in Medicine and the Nursing Board jointly develop regulations relative to the practice of nurse midwives and their relationship with physicians. With H.3815, the deletion of a role for the Board of Registration in Medicine in overseeing medical collaboration between a nurse midwife and a physician would create a significant gap in the regulatory process. Expanding nurse midwives' scope of practice by removing physician supervision and any role of the Board of Registration in Medicine to work in collaboration with the Nursing Board to define the medical role of nurse midwives could lead to a compromise in the care of the mother and fetus or newborn.

The bill also broadens the scope of practice of nurse midwives to allow them to independently interpret medical tests. Currently, no advanced practice nurse is authorized by law to interpret medical tests. That has long been considered the practice of medicine. Without physician supervision and collaboration, nurse midwives are not qualified by education or training to independently interpret tests.

As pediatricians, our major concern with the H.3815 is that the voice of the newborn is not heard or protected. Removing physician supervision of nurse midwives risks compromising the assurance of safe, quality and seamless medical care for pregnant women and their fetuses and newborns.

The MCAAP would urge the Senate to maintain physician supervision and a role of the Board of Registration in Medicine in developing with the Nursing Board regulations governing nurse midwives and their provision of care.

Very truly yours,

Karen McAlmon, M.D.
Neonatologist
Past President, MCAAP

Greg Hagan, M.D.
President, MCAAP

College Statement of Policy

As issued by the College Executive Board

This document was developed jointly by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.

JOINT STATEMENT OF PRACTICE RELATIONS BETWEEN OBSTETRICIAN-GYNECOLOGISTS AND CERTIFIED NURSE-MIDWIVES/CERTIFIED MIDWIVES[1]

The American College of Obstetricians and Gynecologists (the College) and the American College of Nurse-Midwives (ACNM) affirm our shared goal of safe women's health care in the United States through the promotion of evidence-based models provided by obstetrician–gynecologists (ob-gyns), certified nurse-midwives (CNMs), and certified midwives (CMs). The College and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among providers. Ob-gyns and CNMs/CMs are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.

Recognizing the high level of responsibility that ob-gyns and CNMs/CMs assume when providing care to women, the College and ACNM affirm their commitment to promote the highest standards for education, national professional certification, and recertification of their respective members and to support evidence-based practice. Accredited education and professional certification preceding licensure are essential to ensure skilled providers at all levels of care across the United States.

The College and ACNM recognize the importance of options and preferences of women in their health care. Ob-gyns and CNMs/CMs work in a variety of settings including private practice,

[1] Certified Nurse-Midwives (CNMs) are registered nurses who have graduated from a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME) and have passed a national certification examination administered by the American Midwifery Certification Board, Inc. (AMCB), formerly the American College of Nurse-Midwives Certification Council, Inc. (ACC). Certified Midwives (CMs) are graduates of a midwifery education program accredited by ACME and have successfully completed the AMCB certification examination and adhere to the same professional standards as certified nurse-midwives. Obstetrician–gynecologists (ob-gyns) pass a national certification exam administered by the American Board of Obstetrics and Gynecology or Osteopathic Board and enter ongoing Maintenance of Certification.

community health facilities, clinics, hospitals, and accredited birth centers.[2] The College and ACNM hold different positions on home birth.[3] Establishing and sustaining viable practices that can provide broad services to women requires that ob-gyns and CNM/CMs have access to affordable professional liability insurance coverage, hospital privileges, equivalent reimbursement from private payers and under government programs, and support services including, but not limited to laboratory, obstetrical imaging, and anesthesia. To provide highest quality and seamless care, ob-gyns and CNMs/CMs should have access to a system of care that fosters collaboration among licensed, independent providers.

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[2] A birthing center within a hospital complex, or a freestanding birthing center that meets the standards of the Accreditation Association for Ambulatory Health Care, the Joint Commission, or the American Association of Birth Centers [From *Guidelines for Perinatal Care*, Sixth Edition. 2007. American College of Obstetricians and Gynecologists and the American Academy of Pediatrics].

[3] ACNM Home Birth Position Statement (http://www.midwife.org/siteFiles/position/homeBirth.pdf); Planned home birth. Committee Opinion No. 476. American College of Obstetricians and Gynecologists. Obstet Gynecol 2011;117:425–8. (http://www.acog.org/publications/committee_opinions/co476.cfm)

Approved by Executive Board of the American College of Obstetricians and Gynecologists
Approved by Board of Directors of the American College of Nurse-Midwives
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