



TO: Members of the Hawaii State House Committee on Consumer Protection & Commerce

FROM: American Osteopathic Association
Hawaii Association of Osteopathic Physicians and Surgeons

DATE: February 14, 2018

SUBJECT: House Bill 2184

The American Osteopathic Association (AOA) and the Hawaii Association of Osteopathic Physicians and Surgeons (HAOPS) are writing in opposition to HB 2184. This bill licenses and establishes a broad scope of practice for a “licensed midwife,” defined as a person who holds a certification as a “certified midwife” (CM) from the American Midwifery Certification Board (AMCB) or as a “certified professional midwife” (CPM) from the North American Registry of Midwives (NARM). Currently, only registered nurses (RNs) who have completed a master’s degree in nurse midwifery are eligible to independently deliver primary care services to patients as “certified nurse midwives” (CNMs) in Hawaii. This bill expands independent practice authority to CMs and CPMs, who are not nurses, without commensurate increases in education, training or competency demonstration requirements. The AOA and HAOPS believe that granting broad independent practice authority to a new class of practitioners without such requirements could place the health and safety of Hawaii patients at risk.

The AOA represents 137,000 osteopathic physicians (DOs) and medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. HAOPS is a professional medical organization that represents over 300 DOs providing patient care in Hawaii.

The AOA and HAOPS support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of all health care providers to the health care delivery system, we believe any expansion of CMs’ and CPMs’ authority to provide services to patients without appropriate oversight should be directly related to additional education, training and competency demonstration requirements.

Osteopathic medical education includes:

- **Four years of medical school**, which includes two years of didactic study totaling upwards of **750 lecture/practice learning hours** just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers and doctors’ offices.

- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.
- **Hawaii-licensed physicians** must complete **40 continuing medical education hours every two years.**

In order to practice as a “licensed midwife,” this bill requires that applicants hold a CM certification from the AMCB or a CPM certification from the NARM. AMCB accredits several types of programs whose requirements vary significantly, while individuals who apprenticed with a midwife but have not completed any formal schooling are eligible for NARM certification. Further, this bill only requires licensed midwives to complete ten hours of continuing education every three years and imposes no postgraduate education requirements.

Requirements for AMCB-certified CMs:¹

- **A graduate degree** from a program accredited by the Accreditation Commission for Midwifery Education (ACME).
- ACME-accredited graduate programs **vary significantly** in terms of **curricula, length, delivery method and degree type**; CMs can complete a Master of Science at Bethel University, for example, almost entirely **online in less than two years.**²

Requirements for NARM-certified CPMs:³

- CPMs *may attend a midwifery program* or school, but it is **not required.**
- **In lieu of formal schooling**, CPMs may **apprentice with another midwife** and document completion of the NARM’s Portfolio Evaluation Process (PEP).⁴
- The PEP requires completion of **informal** education and attendance at 10 - 20 births as an “observer,” an “assistant” and a “primary under supervision” by another midwife.⁵

This bill allows CMs and CPMs to indendently:

- Provide primary care services and manage health care for women and newborns;
- Develop, implement and evaluate a plan of care;
- Supervise and delegate tasks to other personnel;
- Provide midwifery via telemedicine;
- Conduct advanced assessments;
- Diagnose, prescribe, select and administer therapeutic measures including legend drugs;

¹ <http://www.amcbmidwife.org/docs/default-document-library/candidate-handbook---updated-september-1-2017.pdf?sfvrsn=2>. (p. 7)

² http://www.midwife.org/acnm/files/ccLibraryFiles/Filename/000000006602/ProgramStructureTable_v2.pdf.

³ <http://narm.org/entry-level-applicants/>.

⁴ <http://narm.org/pdffiles/AppForms/PEP-ELInstructions.pdf>.

⁵ <http://narm.org/pdffiles/CIB.pdf>. (p. 7)

- Order, interpret and perform diagnostic, screening and therapeutic examinations and procedures; and
- Consult with and refer patients to other health care providers *as appropriate*.

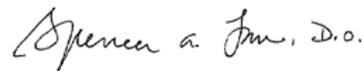
Health professionals' scope of practice must be based on their level of training, education, experience and examination. Allowing CMs and CPMs who have completed minimal educational requirements (which may be done online or via individualized study) to independently care for women throughout pregnancy and delivery, and recognize complications which may be beyond the scope of their education, could place the public health and safety at risk.

We appreciate your consideration of our concerns regarding HB 2184. Should you need any additional information, please feel free to contact Raine Richards, JD, Director of State Government Affairs at rrichards@osteopathic.org or (312)-202-8199.

Sincerely,



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