

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Wednesday, June 25, 2014 8:01:14 AM

-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Tuesday, June 24, 2014 10:48 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Tuesday, June 24, 2014 - 22:47

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Rachel

Last Name: Mattair

Title:

Organization you are affiliated with:

City: Dallas

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

My experiences with six highly qualified Licensed Midwives throughout two pregnancies and births have fundamentally altered my view of childbirth and prenatal care, so much so that I myself have chosen to pursue a career as a Licensed Midwife and am currently in the early phases of my studies. It is with great concern that I received the news that the Texas Midwifery Board is being reviewed by the Sunset advisory commission two years prior to the dates it should be set for review in 2016-2017. Any changes to the make-up of the Midwifery Board or its law or rules should be tabled until that review.

I was furthermore perplexed to learn that the Commission is recommending that the Texas Midwifery Board be moved to the Department of Licensing and Regulation. This proposed move would eliminate the rule-making authority of the Board, which is fundamental to continually improving safe standards of prenatal care and childbirth. Moreover, the Department of Licensing and Regulation would not be a suitable fit for midwifery, as it does not regulate healthcare professionals, a field which appropriately describes midwifery care. DSHS, under which the Board is currently included, is best equipped to regulate health care professionals. A move to the Department of Licensing and Regulation would be as unreasonable as the proposal to move the Texas Midwifery Board to the Medical Board or to the Board of Nursing, ideas which have both been rejected by the Sunset Review in the past based on the grounds that midwives are not medical professionals like doctors or nurses.

My experiences with Licensed Midwives have been nothing but positive, and having directly experienced the care of multiple midwives, and interacted and corresponded with numerous others, I am in a position to personally and strongly advocate that the rule-making authority of the Texas Midwifery Board be preserved, which is only possible if it remains within the DSHS.

Any Alternative or New Recommendations on This Agency:

ACOG and TCOG have suggested that a conflict of interest exists within the Texas Midwifery Board due to the fact that the current majority of the Board is held by Licensed Midwives. This assertion seems paradoxical considering that doctors hold the majority on the Medical Board, and nurses on the Board of Nursing; according to this standard, it would naturally follow that licensed midwives should hold the majority on the Midwifery Board, and during the last Sunset Review, the Commission supported this conclusion since other boards at DSHS and around the country have practitioners from that profession as the majority on their boards.

Furthermore, ACOG and TCOG have asserted that "lay midwives" should have to comply with ACME standards and take the AMCB exam for certification. Licensed Midwives are not "lay midwives," but rather licensed healthcare professionals who have undergone years of rigorous schooling, apprenticing, and testing in order to receive their license to practice, a license which must be renewed every two years with continuing education requirements being fulfilled. The Texas Midwifery Board already requires standardized education for Licensed Midwives as well as the NARM exam, a 350-question, eight-hour comprehensive midwifery exam. NARM is accredited by the National Commission for Certifying Agencies (NCCA) which is the same commission that accredits ACME.

The requirements recommended by ACOG and TCOG apply to Nurse Midwives, whose scope of practice extends beyond that of Licensed Midwives and who do not specialize in providing care outside of hospital settings. Mandating that Licensed Midwives fulfill these requirements would not only be redundant, but would also end the careers of over 200 Texas midwives who have already fulfilled the NARM requirements but not the ACME accreditation. Such a step would reduce access to maternity care for thousands of women who have chosen Licensed Midwives as their qualified healthcare professionals, not to mention that it would harm Texas' economy exactly at a time when it is experiencing dynamic growth.

Based on my knowledge of the situation, no changes are currently needed to the Texas Midwifery Board and revisions should be discussed during the 2016-2017 review. Thank you for your careful considerations.

My Comment Will Be Made Public: I agree