

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
Date: Monday, June 30, 2014 8:26:35 AM

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

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Sunday, June 29, 2014 11:41 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Sunday, June 29, 2014 - 11:41

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Sherry

Last Name: Rumsey

Title: Licensed Midwife

Organization you are affiliated with:

City: Katy

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed: The TX Midwifery Board is not due for Sunset Review until 2016-2017. Any and all changes to the Board or its laws/rules should wait until the scheduled review in 2016-2017. It's come to my attention that moving the Midwifery Board to the Dept. of Licensing & Regulation is being considered. This would be a horrible decision. Midwifery is a distinct healthcare profession and its rightful place is the DSHS - not the Dept. of Licensing & Regulation, not the Medical Board (Licensed Midwives are not doctors), and not the Board of Nursing (Licensed Midwives are not nurses). Moving the Midwifery Board to the Dept. of Licensing & Regulation would strip the Midwifery Board of its ability to make and update the rules LMs work within. For midwifery to remain current, safe, and to continually be improving, the Midwifery Board needs to keep its ability to make new rules and update rules as needed.

Any Alternative or New Recommendations on This Agency:

Any alternative or new recommendations or revisions to the Texas Midwifery Board should be discussed during the 2016 - 2017 review. NO changes should be made at this time!

The Sunset Review Commission gave midwives a majority on the Midwifery Board at the last scheduled review. This decision was and is in keeping with other Boards at DSHS around the country. There is NO conflict of interest due to Licensed Midwives holding the majority on the Midwifery Board. Nurses have their own Board where they hold the majority, and doctors have their own Board where they hold the majority.

The TX Midwifery Board requires standardized education for LMs, and LMs must pass the North American Registry of Midwives (NARM) exam. NARM is accredited by the National Commission for Certifying Agencies (NCCA). The NCCA is the SAME organization that accredits ACME (the organization which administers the AMCB exam to nurse-midwife hopefuls). Why have a different exam? Licensed Midwives work almost exclusively

out-of-hospital. While there is overlap between the Licensed Midwife profession and the Nurse-Midwife profession, they are distinct. The NARM exam and the standardized education the TX Midwifery Board requires focuses on specialized out-of-hospital midwifery care. To require Licensed Midwives to change to nurse-midwifery standards and testing would make no sense at all. Licensed Midwives do not work in the hospital and have no need of much of the hospital-based knowledge that nurse-midwives must have. Licensed Midwifery education need only cover the scope of practice of a Licensed Midwife, not the scope of practice of a nurse-midwife nor the scope of practice of a physician. Additionally, and more importantly, requiring licensed midwives to follow nurse-midwifery education and testing would mean the loss of crucial out-of-hospital care practices. To provide safe out-of-hospital care, Licensed Midwives need to be trained to provide safe out-of-hospital care NOT in-hospital care. Under the current Board and rules, Licensed Midwives are trained to provide competent care in the setting where they practice - out-of-hospital. Requiring Licensed Midwives to change to Nurse-Midwife education & testing would mean the loss of hundreds of competent, valuable TX midwives who have safely delivered thousands of new Texans. Countless women and unborn babies would have drastically reduced access to maternity care.

My Comment Will Be Made Public: I agree