

From: [Sunset Advisory Commission](#)
To: [Janet Wood](#)
Subject: FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)
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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]
Sent: Sunday, June 29, 2014 6:21 PM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Sunday, June 29, 2014 - 18:21

Agency: DEPARTMENT STATE HEALTH SERVICES DSHS

First Name: Natalie

Last Name: Wommack

Title: RN, LM, CPM

Organization you are affiliated with: Katy Birth Center

City: Katy

State: Texas

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

Honorable Sunset Review Committee

I am a Texas Licensed Midwife and non-practicing RN. Having read through the Staff Report, I can see the rationale that Sunset Review is utilizing for transferring the different occupations to be managed by the TDLR. You brought up how you couldn't understand that some occupations had autonomous Boards and others only an advisory committee. In looking into some of those groups, The Midwifery Board being one, it looks to me that most of the occupations that have Advisory Committees are regulated by other occupations: such as EMS or cosmetic laser technicians, others have no ties to healthcare at all. They do not function as independent practitioners for health and well-being.

However, Athletic Trainers, Midwives, Speech Pathologists and Audiologists, Marriage and Family Therapists are all responsible for evaluation, planning care for and treating the people they care for; they function as independent practitioners. These occupations need more than an ADVISORY COMMITTEE to run licensing! They need a board that establishes basic and ongoing education requirements, is able to institute laws and rules which promote best practice standards according to the premise of that particular occupation and the safety of the public.

If an Advisory Committee is adequate for these occupations, then the Board of Medicine and the Board of Nursing ought also to be moved under the TDLR, where an Advisory Committee can administrate and dictate the practices of medicine and nursing just as you are suggesting that they do for midwives and other independent practitioners. I strongly disagree with this.

Additional Comments on comments made to the Staff Report:

I believe it to be an attempt by ACOG/TCOG to restrict trade and to do away with the rule/law-making ability of our board so that they can impose their own beliefs on the midwives and citizens of Texas. If the Regulation of Midwives were moved under the TDLR, then they would lose their board and the ability to implement rules/regulations for midwives and the public which are true to our discipline, and non-midwives could very well be

governing our practice. The constituents of Texas have repeatedly made clear their desire to have midwives who can care for them outside the scope of medicine and nursing.

Additional comments:

In response to ACOG/TCOG comments on our Board composition, how is it a conflict of interest to have a majority of members on the Board to be Licensed Midwives? They are suggesting changing our current board composition to be changed from 5 LM's to 3 CNM's instead whose scope of practice is different. Most of them are facility based (hospital or clinic) In the last Sunset Review, the Commission chose to give midwives a majority on their Board since other Boards at DSHS and most Boards across the country are composed of whatever profession that board is representing and regulating.

Our Board has an OB, a Pediatrician, and 5 midwife members and 2 public members. In the past the 5 midwife members have been a combination of Licensed Midwives and one CNM who was previously a Licensed Midwife for most of her career. The Nursing Board has nurses and public members (9:4); no physicians or other professions on it. They actually don't adequately represent their Advance Practice Nurses; there are no APRNS on their Board. The medical board has physicians and public members (12:7); no other professions. It seems that it is more than reasonable for the Midwifery Board to have a majority of Licensed Midwives to represent them as well.

ACOG/TCOG have also stated in their comments that "lay midwives", as they refer to us, should have to comply with ACME standards and take the AMCB exam for certification. I wish to correct that information. We are Direct Entry Licensed Midwives. In Texas, the Midwifery Board requires standard education for Licensed Midwives from an accredited school or program which includes passing the NARM exam, a 350 question, 8 hour comprehensive exam. Midwives who have already passed the NARM may apply for licensure based on their CPM credential. NARM is accredited by the National Commission for Certifying Agencies which ALSO accredits ACME/AMCB. The AMCB is a test to certify nurse-midwives who primarily practice in facilities and have an expanded scope of practice compared to licensed midwives.

Any Alternative or New Recommendations on This Agency:

The Midwifery Board is a health related regulatory/licensing agency and therefore should be under the Department of State Health Services where the staff there have experience with and an understanding of midwifery and health related issues. Historically, Sunset Review has rejected the idea of moving the Midwifery Board under both the Medical Board and the Nursing Board due to the fact that the disciplines which govern practice are not the same. I suggest that it is in the best interest of the public and midwives that the Midwifery Board remain under DSHS due to its long history with the Midwifery Board.

Additionally, in reviewing the Staff Report, fiscally there is no benefit to DSHS to transfer the 12 agencies discussed since it is cost neutral, the Midwifery Board being one of those, but tremendous cost to the TDLR and to the licensees under those agencies as surcharges are recommended to pay for the MILLIONS of dollars that it will take to make the change over. Apparently the TDLR also believes that the Midwifery Program would be more appropriately managed under DSHS than TDLR per their comments.

Since it is fiscally prohibitive for these occupations to have independent boards created as medicine and nursing do; then I suggest that it is in the best interest of the public and the occupations that are directly involved in independent practice to remain under the banner of DSHS and the boards functioning therein.

I also suggest that the composition of the Midwifery Board and Educational Standards continue to be centered around the discipline of midwifery.

Thank you for receiving and giving due consideration to all comments Natalie Wommack LM, CPM

My Comment Will Be Made Public: I agree