



William J. Thrift, MD
President

Chic Older
Executive Vice President

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Cara Christ, M.D., M.S.
Assistant Director, Division of Licensing Services
Chief Medical Officer
Tuberculosis Control Officer
Arizona Department of Health Services
150 N. 18th Ave, Ste 510
Phoenix, AZ 85007

Dear Dr. Christ:

I write this letter to you on behalf of the 4000 members of the Arizona Medical Association, ArMA. We are Arizona's largest single physician organization, with members from every specialty and corner of Arizona. We have been in existence for more the 100 years, and have been an active and effective voice for quality medical care. Commenting on scope of practice issues is not new to us, and we enjoy a reputation of advocating for the highest quality health care services for all Arizonans.

The regulation of lay-midwives is somewhat unique in that it is one of the only category of health care providers that does not have its own licensing board. However, scope of practice issues for health care providers are so important that the Arizona Legislature established a mechanism to review all health care related scope of practice requests. The system is referred to as the "Sunrise Process" and is detailed in ARS 32-3101. Because they are not regulated under Title 32, lay midwives are not covered by the Sunrise Process which is why the legislature directed the exercise which you now chair.

My purpose in pointing this out is to remind all those involved in licensing lay midwives, there exists a robust oversight of all medical practice scope issues in Arizona and to emphasize the importance Arizona puts on how scope of practice issues may impact the safety of our citizens. It is clearly understood that when the State of Arizona says a medical practice is within the purview of a regulated professional, the public rightfully assumes this has been fully vetted and found to be safe and appropriate. In this connection, the public will believe that if DHS says it is safe, they can comfortably rely on this being an informed, and scientifically based, decision.

In this letter I will focus specifically on the scope issues discussed at the last meeting: planned home deliveries for vaginal births after cesarean (VBAC); breech births; twins and multiple births. There are other scope issues that are being considered and ArMA will comment at the time they are being actively reviewed.

After listening to the presentations made to the Committee at the last meeting, ArMA has concluded that DHS should expect demonstrated proof from the lay midwives that this scope expansion is safe and clinically valid. There exists an extensive body of scientifically based, medically established, criteria that is necessary to understand and be competent in, related to these three delivery presentations. Beyond medical school, medical residencies for OB-GYN, family practice, and emergency medicine, all address the complications and criteria necessary to competently deal with these circumstances, and their known associated risks. VBACs, breech births, and multiple births, all have known



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complication possibilities with dire consequences that are potentially fatal. The allopathic, osteopathic, and Certified Nurse Midwife communities recognize this and dedicate substantial medical training and expertise to address these possibilities. Failure to do so presents a substantial risk, with extreme consequences, for both the mother and the fetus or newborn.

It is the position of ArMA that the burden of proof for lay midwives to attend to these three circumstances, in planned home deliveries, lies with the advocates to demonstrate clearly, beyond a shadow of doubt, they are competently trained to deal with all of the complications associated with each, to same degree as a licensed MD/ DO, and Certified Nurse Midwife (CNM).

Stating at the hearing that their patients are requesting this service may be true, and is not relevant. We believe the state's responsibility is to verify that if allowed to plan and perform these procedures at home, lay-midwives meet the minimum level of safety and competence, and that they are appropriately trained and tested to demonstrate that their ability to deal with these deliveries at least meets that required of trained physicians and CNMs. The volume of material they present, the number of emails from licensed lay-midwives, is not a measure of their ability. It is incumbent upon them as licensees to demonstrate what we know in this country is the bare minimum necessary to ensure proper safety for these women and their unborn or newborn infants. It is ArMA's position that this responsibility now falls to DHS to monitor and ensure, and that any expansion be carefully analyzed based upon all available clinical data.

We appreciate your consideration of our position and stand ready to answer questions or amplify our thoughts.

Sincerely,

A handwritten signature in black ink, appearing to read 'W J Thrift', with a stylized flourish at the end.

Bill Thrift, M.D.
President, ArMA