

**STATE OF NEW JERSEY  
DIVISION OF CONSUMER AFFAIRS  
MIDWIFERY LIAISON COMMITTEE  
PUBLIC SESSION MINUTES  
MONDAY, FEBRUARY 26, 2007  
DIVISION OF CONSUMER AFFAIRS  
124 Halsey Street, Somerset Room, 6th floor**

A meeting of the New Jersey Midwifery Liaison Committee was held on February 26, 2007 at the State Office Building, 124 Halsey Street, 6th fl, Newark, New Jersey. The meeting was convened in accordance with the provision of the Open Public Meetings Act with previous notification having been sent to the Secretary of State and the following publications: The Bergen Record, Newark Star Ledger, Camden Courier Post, Trenton Times and Asbury Park Press to advise of the scheduling of this meeting. The meeting was called to order by Karen Criss, Chair of the Committee at 12:30 PM.

**I. ROLL CALL**

**PRESENT:**

Karen Criss, CNM  
G. Louise Aucott, CNM  
Dina Aurichio, CPM  
Karen Shields, CNM (VIA TELEPHONE)

**EXCUSED:**

Christine Danser, CNM  
Audrey Tashjian, M.D.

**ALSO PRESENT**

Steve Flanzman, DAG  
Kevin B. Earle, M.P.H., Executive Director  
Laura Anderson  
Charles Manning, Regulatory Analyst

There were ten members of the public present.

**II. MINUTES**

**APPROVAL OF THE PUBLIC SESSION MINUTES OF DECEMBER 18, 2006.**

A motion was made by Ms. Aurichio, which was seconded by Ms. Aucott, to approve the Public Session Minutes of December 18, 2006 as amended. The motion passed.

**III. OLD BUSINESS**

**A. Affiliated Physicians**

Additional discussion was held on possible approaches addressing the regulations requiring a signed collaborative agreement with a physician. Background material from last meeting was again copied, along with a copy of the Department of Health and Senior Services Hospital Licensing regulations relating to midwifery services. Regulatory Analyst Charles Manning participated in the discussion.

Several members of the midwifery community provided insight and input to the Committee's discussion of this issue. Many midwives noted that due to concerns of malpractice carriers, the availability of OB/GYNs to sign collaborative agreements was extremely limited. It was also noted that such practitioners are considered to be "competition" and thus are not willing to sign such agreements for business reasons. One midwife stated that a physician was willing to sign her agreement, but was requiring her to pay a monthly fee for her affiliation.

During discussion, it was noted that the existence of signed agreement could not guarantee good collaboration and communication or would necessarily result in improved safety or better patient care. Further, the existence of a signed agreement implies a need for supervision in all circumstances, which is inconsistent with the independent nature of midwifery practice and creates an artificial restriction on the full scope of practice. Further, the regulations appear to be imposing a limitation of access to care to those women who seek midwifery services.

The Committee determined that Karen Criss, CNM, Chair of the committee, would bring this matter to the attention of the Board of Medical Examiners to seek authorization to pursue an amendment to the midwifery regulations that would be consistent with the position statement of the American College of Nurse Midwives that might eliminate the requirement for a signed collaborative agreement, but would encourage and facilitate the collaboration of health care professionals.

#### **IV. NEW BUSINESS**

##### **A. Proposed New License Application Form**

Executive director Earle has developed a revised application format that is consistent with the approved format used by the Division of Consumer Affairs. Copies of the old applications are enclosed for comparison purposes.

The Committee approved the new application with one minor correction.

##### **B. General Inquiries**

###### **1. Barbara Winter, CNM**

Ms. Winter has submitted questions regarding physician affiliations for a CNM providing only well-woman care in collaboration with family practice physician.

The Committee responded as follows:

###### **1) Can a CNM affiliate with a family practice physician?**

A CNM may enter into an affiliation with a family practice physician, provided that the physician meets one of the three criteria specified at 13:35-2A.6(a). Assuming the family physician does not hold hospital privileges in operative ob/gyn, the family physician would need to either hold hospital privileges in gynecology (and limit his or her practice to non-obstetrical practice), or the family physician would need to have a binding agreement with another physician who holds operative privileges in operative ob/gyn.

###### **2) What is meant by "binding agreement" for the physician?**

The term "binding agreement" would refer to an agreement between the CNM's affiliated physician (presumably one without hospital privileges in ob/gyn or gyn) and another physician who in fact holds hospital privileges in operative ob/gyn.

###### **3) Can the CNM working in a family practice setting refer directly to an Ob-gyn bypassing the family physician?**

That would depend on whether or not the CNM had any expectation of continuing to provide care to the woman being referred to the OB/GYN. If the CNM were intending to continue to provide care, then the CNM would have to have the "referral" process through her affiliated physician (who presumably would then involve the

physician with whom the affiliated physician has a binding agreement in the provision of care). If the CNM were not intending to continue to provide any care, then the "referral" could be to any licensed OB/GYN, assuming that the licensee to whom the "referral" is made then agrees and is willing to assume care of the patient.

#### **V. ADJOURNMENT TO EXECUTIVE SESSION**

A motion was made by Ms. Aucott, seconded by Ms. Aurichio to go into Executive Session to review one complaint and to conduct one investigative inquiry. The motion passed.

#### **VI. ADJOURNMENT**

A MOTION WAS MADE BY MS. AUCOTT, SECONDED BY MS. SHIELDS, TO ADJOURN THE MEETING AT 4:00 PM. MOTION PASSED.

Respectfully submitted,

Kevin B. Earle, M.P.H.  
Executive Director