

## Larson Tyler

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**From:** Sharron Fuchs <SharronF@tdinjurylaw.com>  
**Sent:** Thursday, April 11, 2013 11:33 AM  
**To:** Larson Tyler  
**Subject:** HB 2997 Public Comments Work Session 4-12=13

Dear Rep. Greenlick and members of the House Health Care Committee,

In a nutshell, it is my firm belief that HB 2997 and any of the proposed amendments that continue to include a licensing exemption, removal of the LDM board out from under the regulatory authority of the Oregon Health Licensing Agency and does not contain in writing the words 'low risk care only' which the original 1993 title act intended (see Governor Roberts letter below) **does nothing to protect the public.**

Frankly, it feels as if this entire 'workgroup' process has been for naught except as a process to grant the direct entry midwives their long held wish to get out from under OHLA. If the exemption and no wording for low risk care remain in HB 2997 the direct entry midwives will have given up nothing for their **HUGE** gain of independent regulatory authority.

I cannot understand how this bill and some of the amendments could be taken seriously especially given the data brought to you from the OHA - Division of Public Health and Judith Rooks CNM MPH? The data shows the astounding death rate and that 6 of the 9 deaths were associated with high risk pregnancies ie twins.

I ask you to please ask yourselves as you go through the work session tomorrow how each line and each word in HB 2997 takes direct action to protect the public?

The time has come to act fearlessly for no exemptions, no exit from OHLA and to remedy what the 1993 title act failed to do – mandate 'low risk care only' in writing. The public has suffered long and hard and they have paid dearly. They should suffer and cry no more.

Yours truly,

Sharron Fuchs

*BARBARA ROBERTS*  
*7870 S E. 13<sup>th</sup> #210*  
*Portland, Oregon 97202*

Mediator : Bert Krages

Regarding: Proposed Rules / Licensed Direct Entry Midwifery

I am writing to you in lieu of a personal appearance at the public comment hearing scheduled for October 28<sup>th</sup>, 2010 in Salem as I am unable to attend in person.

As a bit of history, I was the Governor for the State of Oregon when Senate Bill 1063 granting the title of Licensed Direct Entry Midwife was proposed, argued and voted upon in 1993. When I signed the bill in to law it was my understanding that low risk pregnancies and births would be the types of situations that a Licensed Direct Entry Midwife would attend and bill the Oregon Health Plan for. I never at any time considered, nor was I given information to the idea, that Licensed Midwives would attend to any situation that extended to a risk level higher than average LOW RISK pregnancy and birth. Further, I certainly never envisioned that higher risk births that included Vaginal Birth after a Cesarean section, breech or twins would be included in the scope of practice of a Licensed Direct Entry Midwife. At the time I fully understood the meaning of scope of practice and as I often had to address that issue with other health care professions.

It dismays me now to hear some of the devastating outcomes that have occurred with higher risk deliveries that are attended outside of the hospital without safe and proper care, including lack of access to the immediate help of a medical professional should a potentially devastating situation arise. I understand that some of these crisis outcomes have led to disciplinary actions against the midwives involved but I have to wonder how many of these situations could have been prevented simply by avoiding these high risk situations in the first place.

By way of this letter I ask you as the mediator of the proposed rules process to recommend to the Oregon Health Licensing Agency that as the state mandated agency that oversees and regulates the Licensed Direct Entry Midwifery profession, they first and foremost fulfill their duty to protect the public, respect the intent of the 1993 law that I signed into law , and take a look at the guidelines from the other countries that were discussed with the legislative committees and find the correct application of those guidelines for the practice of Licensed Direct Entry Midwifery in Oregon.

Respectfully, Barbara Roberts, Oregon Governor 1991-95