

STATEMENT of The Big Push for Midwives Campaign on the AMA Scope of Practice Partnership



At its November 2005 Interim Meeting, the American Medical Association (AMA) House of Delegates adopted Resolution 814 titled, “Limited Licensure Health Care Provider Training and Certification Standards.” The resolution states:

RESOLVED, That our AMA, through the Scope of Practice Partnership, immediately embark on a campaign to identify and have elected or appointed to state medical boards physicians (MDs or DOs) who are committed to asserting and exercising their full authority to regulate the practice of medicine by all persons within a state notwithstanding efforts by boards of nursing or other entities that seek to unilaterally redefine their scope of practice into areas that are true medical practice. (Directive to Take Action)

Resolution 814 emerged from the Scope of Practice Partnership (SOPP), which was formed by the leadership of the AMA and other physician trade organizations to obstruct expansion and to restrict the licensed scope of practice of other healthcare professionals. **These actions by organized medicine will limit access to providers who have the education, expertise and experience to offer safe, quality health care services to the public, particularly for rural, uninsured and other underserved populations.**

The Big Push for Midwives Campaign objects to the misleading and divisive language used in the AMA SOPP resolution, which needlessly pits medical doctors against other healthcare professionals at a time when the American public is faced with unprecedented healthcare shortages and more than 45 million uninsured children and adults.

The healthcare professionals that have been targeted by SOPP, which include nurse practitioners, physician assistants, podiatrists, optometrists, psychologists, chiropractors and midwives, are the solution to this crisis, not the problem.

The erroneous claim that SOPP can or should determine what is best for the patients of other healthcare professionals represents an outdated and patronizing line of thinking that cannot possibly serve the needs of today's patients—particularly childbearing women and their babies.

Therefore, The Big Push for Midwives opposes SOPP and its efforts to restrict the scope of practice of our allied healthcare partners and to obstruct legislative initiatives that would increase access to licensed Certified Professional Midwives.

Father Knows Best Meets Big Brother Is Watching:

“The SOPP also is overseeing the completion of the AMA Scope of Practice Data Series, a compendium of information and resources for medical associations on 10 non-physician providers, and the creation of a geographic mapping tool that will allow Federation partners the ability to map, on a state-by-state basis and by specialty, the practice location of not only allopathic and osteopathic physicians but also various non-physician providers.”

“From the President” by Ronald M. Davis, MD
<http://www.ama-assn.org/ama/pub/category/17840.html>

Following this AMA directive, several state medical boards have targeted more than a dozen midwives in states where CPM licensure is not yet available, leaving hundreds of pregnant women without care.

The Big Push for Midwives Campaign is fiscally sponsored by Sustainable Markets Foundation, a not-for-profit organization recognized as tax-exempt under The Big Push for Midwives Campaign is fiscally sponsored by Sustainable Markets Foundation, a not-for-profit organization recognized as tax-exempt under Internal Revenue Code section 501(c)(3). The mission of the Big Push for Midwives is to build winning, state-level advocacy campaigns towards successful regulation and licensure of Certified Professional Midwives (CPMs) in all 50 states, the District of Columbia, and Puerto Rico.

We are envisioning a new model of U.S. maternity care built on expanding access to out-of-hospital maternity care and CPMs, who provide affordable, quality, community-based care that is proven to reduce costly and preventable interventions as well as the rate of low-birth weight and premature births. We can no longer afford a system that produces inferior results at premium costs. **We need safe and less-costly maternity care now.**

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