
Julie Knutson

Assistant Professor
Brown University
401-338-0434
jknutson@wihri.org

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To: House Health and Human Services Committee
From: Julie Knutson, DNP, CNM, WHNP, IBCLC, FACNM
Re: House Bill 5858 - Prescriptive Authority for CPMs

To whom it may concern,

I am a certified nurse-midwife (CNM) in Rhode Island. I attended a certified professional midwife (CPM) training in California in 2006 so have some familiarity with the training, albeit almost twenty years ago. Part of why I chose to pursue nurse-midwifery was because CPMs are not legal in all states and have a limited scope of practice. CNMs, in contrast, are required to take a pharmacology course as part of their nursing program and advanced pharmacology as part of their master's degree in midwifery. The master's level course is a three-credit college course, which equates to at least 14-33 hours of study per week over an eleven week semester. CNMs have full prescriptive authority and are legal in all states.

CPM training in pharmacology and safe prescribing is restricted to what is outlined in the NARM Planning for Legislation Handbook (2017) which states CPMs may administer:

(a) Prophylactic vitamin K to a newborn, either orally or through intramuscular injection. (b) Antihemorrhagic agents to a postpartum mother after the birth of the baby. (c) Local anesthetic for the repair of lacerations to a mother. (d) Oxygen to a mother or newborn. (e) Prophylactic eye agent to a newborn. (f) Prophylactic Rho(D) immunoglobulin to a mother. (g) Agents for group B streptococcus prophylaxis, recommended by the federal centers for disease control and prevention, to a mother. (h) Intravenous fluids, excluding blood products, to a mother. (i) Any other drug or medication prescribed by a health care provider with prescriptive authority that is consistent with the scope of practice of midwifery and is authorized by the board by rule. (p. 117).

The medications requested by this bill for CPMs are largely outside their scope of education and training (including entire classes of medications but not limited to antibiotics except for what is used for GBS prophylaxis, antivirals, antifungals, steroids, intraosseous medications, medications for miscarriage, etc.); if CPM training is modified to include substantive education in pharmacology and the classes of medications requested, then I support CPMs in their quest to broaden their scope.

Sincerely,

Julie Knutson