Received 07/02/2026 10:34 PM Commonwealth Court of Pennsylvania

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JANE DOE #1, JANE DOE #2, JANE DOE #3, and JOHN DOE #1,	
Petitioners,	**No. ____ M.D. 2026**
v.	**(Original Jurisdiction)**
PENNSYLVANIA DEPARTMENT OF HEALTH and DEBRA L. BOGEN, M.D., FAAP, in her official capacity as SECRETARY OF THE PENNSYLVANIA DEPARTMENT OF HEALTH,	**PETITIONERS' MOTION TO PROCEED ANONYMOUSLY**
PENNSYLVANIA DEPARTMENT OF STATE and AL SCHMIDT, in his official capacity of SECRETARY OF THE COMMONWEALTH,	
PENNSYLVANIA STATE BOARD OF MEDICINE and DONALD M. YEALY, M.D., in his official capacity CHAIR OF THE PENNSYLVANIA STATE BOARD OF MEDICINE, and	
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS and ARION CLAGGETT, in his official capacity as ACTING COMMISSIONER OF THE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS,	
Respondents.	

PETITIONERS' MOTION TO PROCEED ANONYMOUSLY[1]

Petitioners, Jane Doe #1, Jane Doe #2, Jane Doe #3 (together, "Traditional Midwife Petitioners,") and John Doe #1[2] ("Amish Family Client Petitioners")(collectively, "Petitioners,") respectfully file this Motion to Proceed Anonymously (the "Motion") pursuant to Pennsylvania Rule of Appellate Procedure 121 and the Public Access Policy of the Unified Judicial System of Pennsylvania. In so doing, Petitioners seek an Order from this Court (1) permitting Petitioners to proceed anonymously, without revealing their legal names, in all captions and throughout all filings by all parties; and (2) directing that all filings, docket entries, and case records containing Petitioners' names, if any, be maintained under seal. In support thereof, Petitioners aver as follows:

INTRODUCTION

Compelling public disclosure of Petitioners' identities in connection with this litigation would be cruel and profoundly unjust. Fortunately, under the law, this Court need not do so. Petitioners respectfully request that their Motion be granted and they be permitted to proceed anonymously.

---

[1] It is Petitioners' sincere hope that Respondents will consent to or join this Motion or, at least, not oppose it.

[2] It is typical in the Amish community for the man to speak for the family. Respecting this religious and cultural tradition, and with the understanding and agreement of his wife, John Doe #1 files as a petitioner and signs the verification, speaking also for his wife and their family. Accordingly, they will be defined as the "Amish Family Client Petitioners".

Petitioners have contemporaneously filed a Verified Petition for Review in the Nature of a Complaint in Mandamus, for Declaratory Judgment, and for Additional and Further Relief (the "Verified Petition") to compel Respondents to perform their statutory obligations under the Midwife Regulation Law of Apr. 4, 1929, P.L. 160, No. 155, codified at 63 P.S. §§ 171-176 (the "1929 Law").[3] Doing so, however, required Traditional Midwife Petitioners to acknowledge in court filings that they are *not* practicing their profession lawfully under the 1929 Law – because Respondents' unconstitutional inaction makes it impossible for them to do so.

If forced to publicly disclose their identities, Traditional Midwife Petitioners will face a serious and credible risk of retaliation, including investigation and prosecution for the unlawful practice of traditional midwifery by various government entities. This includes investigations by Respondents, themselves, whom the legislature entrusted with the power to regulate and duty to certify traditional midwifes – but who have been refusing to do so for decades in violation of the 1929 Law. Traditional Midwife Petitioners would also face a serious and credible risk of investigations and prosecutions by the Office of Attorney General and multiple district attorneys from any of the counties where they work.

[3] Petitioners incorporate the contents of that Verified Petition herein by reference as if set forth at length.

Compelling the Traditional Midwife Petitioners to reveal their identities would also make them targets for economic competitors and others. This includes some hospitals, doctors and licensed nurse-midwives who, for their own reasons, may seek to harass and/or report them to various legal and/or regulatory authorities. This is not hypothetical. Doctors and/or nurses in the labor and delivery department of local hospital who compete with traditional midwives in the marketplace to assist mothers with deliveries of their children, have improperly reported at least one of the Traditional Midwife Petitioners to the local authorities. Regardless of their reasons, there are people and institutions that want to destroy traditional midwifery and banish home deliveries from the Commonwealth, entirely. If this Court compels Petitioners to reveal their names, it is likely Petitioners will be targeted personally.

External reports or complaints to law and regulatory enforcement of the identities of Traditional Midwife Petitioners will require investigations. Even if these entities ultimately decline to prosecute or are unsuccessful in doing so, the investigations, themselves, will be a needless drain on limited government resources. And the cost to the Traditional Midwife Petitioners of defending these investigations and prosecutions would not only be unjust, but – under these facts – incredibly costly and likely financially devastating.

For Amish Family Client Petitioners, standing to protect their community's deeply held religious rights and spiritual practices required them, to file in "*English*"

(non-Amish) courts, something in tension with the deliberate separation of the Amish from the modern world.[4] This may deeply offend some members of their closely-knit community. Perhaps more compelling, legally, is that the press or others may show up, uninvited, on their doorsteps or in other places within their insular community. That sort of intrusion would violate the deliberate separation of the Amish from the modern world in a way that would be deeply offensive to their religious practices and spiritual beliefs.

The relief requested by Petitioners is narrow and well-supported by Pennsylvania law. It projects an inherent, equitable power of this Court. Petitioners do *not* seek to conceal the *facts* of this dispute or the *substance* of their claims. They seek only to protect themselves against reasonable and widespread threats of severe and unjust retaliation – from Respondents, competitors, and others. Petitioners, here, are the victims of Respondents' failure to follow the law. Compelling them to reveal their identities as the price of standing up will leave Traditional Midwife Petitioners financially decimated – and may deprive them of their livelihoods and also their freedom. Requiring the same of Amish Family Client Petitioners, may be less concrete, but cuts even deeper. Petitioners' Motion should be granted.

[4] For more information on Amish religious and spiritual customs and practices, *see* Verified Complaint, *Factual Background,* Section A "Absent Extraordinary Circumstances, the Amish are Compelled by their Sincerely Held Religious Beliefs and Spiritual Practices to Have Their Children Delivered at Home and with the Help of a Traditional Midwife – and Not at Hospitals or Birthing Centers.".

LIMITED FACTUAL BACKGROUND

1. Petitioner Jane Doe #1 is an adult individual and a traditional midwife who resides in and practices midwifery within the Commonwealth of Pennsylvania. She holds a Bachelor of Science degree with a major in Maternal and Infant Health and a Master's Degree in Clinical Mental Health. In her more than thirty (30) years of home birth experience, Jane Doe #1 has "caught" more than 1,500 babies.[5]

2. Petitioner Jane Doe #2 is an adult individual and a traditional midwife who resides in and practices midwifery within the Commonwealth of Pennsylvania. She is a registered nurse and a nurse midwife who began practicing her profession of midwifery as a traditional midwife in 1979, after serving as an apprentice to a doctor. Jane Doe #2 has been engaged in midwifery for more than forty-five (45) years and is also a licensed certified-nurse midwife.[6]

3. Petitioner Jane Doe #3 is an adult individual and a traditional midwife who resides in and practices midwifery within the Commonwealth of Pennsylvania. She is an apprentice-trained midwife, immersed in the community, who opened her own practice in late 2018 and has practiced traditional midwifery for almost a decade, after training for almost another decade through an apprenticeship model.

[5] Some of Jane Doe #1's additional credentials are described in greater detail in the Verified Petition filed contemporaneously herewith and incorporated herein by reference.
[6] Some of Jane Doe #2's additional credentials are described in greater detail in the Verified Petition filed contemporaneously herewith and incorporated herein by reference.

Throughout her experience with traditional midwifery, Jane Doe #3 has attended more than 500 births, most of them home deliveries.[7]

4. Section 1 of the 1929 Law provides that "it shall be unlawful for any person or persons [other than a licensed physician or osteopath] to practice midwifery … before receiving a certificate from the State Board of Medical Education and Licensure [now, Respondent State Board of Medicine,] … authorizing [them] to do [so]," and it defines a "midwife" as "[a]ny person or persons who shall attend a woman in childbirth for hire, or who shall make a practice of attending women in childbirth gratuitously or for hire." 1929 Law § 1.

5. In this way, the 1929 Law requires traditional midwives to hold legal certificates to practice traditional midwifery in Pennsylvania. *Id.*[8]

6. As set forth at length in the Verified Petition and incorporated herein by reference, each of Respondents has a role and responsibility in issuing the legislatively-required certificates.

---

[7] Some of Jane Doe #3's additional credentials are described in greater detail in the Verified Petition filed contemporaneously herewith and incorporated herein by reference.

[8] As recently as 2008, this Court has affirmed that the 1929 Law "relates to the granting of certificates to … persons who attend women in childbirth" other than "registered nurses as nurse-midwives," who are governed by the Medical Practice Act of 1985, Act of Dec. 20, 1985, P.L. 457, No. 112, codified at 63 P.S. § 422.1 et seq. (the "1985 Act"). See *Goslin v. State Board of Medicine*, 949 A.2d 372, 377 n.11(Pa. Cmwlth. 2008) ("[T]he 1985 Act and the 1929 Law do not relate to the same class of persons. Although both relate to midwifery, the 1985 Act relates to the licensing of registered nurses as nurse-midwives and the 1929 Law relates to the granting of certificates to other persons who attend women in childbirth."). Petitioners are aware of no other subsequent, countervailing law.

7. Respondent State Board of Medicine has advised Petitioners that traditional midwives cannot apply for certificates under the 1929 Law through the Pennsylvania Licensing System (PALS), the online portal through which all professional licenses and certificates are administratively processed by the Commonwealth, *because PALS does not offer them*, and that there *is no mechanism whatsoever* through which traditional midwives can apply for the certificates.

8. Over a period of months, Petitioners have repeatedly contacted Respondents requesting required certificates or an explanation as to why they are not permitted to receive one. *See* June 25, 2026 Letter and Enclosure Email from Petitioners to all Respondents Enclosing Applications Fees and Letters of May 1, 2026 and June 16, 2026 (the "June 25 Letter"), a true and correct copy of which is attached hereto as **Exhibit A** and Petitioners; Verified Petition.

9. Respondents have failed to respond.

10. Each of the Traditional Midwife Petitioners is an experienced traditional midwife, highly skilled, competent, capable and trained, and well-qualified to receive a certificate, as required under the 1929 Law.

11. Each has requested the required certificate of the State Board of Medicine and other Respondents, and paid the statutorily-required application fee. *Id.*

12. The 1929 Law states that "[a]ny person practicing midwifery as a

profession, or advertising herself as a midwife, without first obtaining the certificate … or lawfully holding a license under the laws of the Commonwealth" is subject to legal proceedings with penalties including fines and, potentially, "confine[ment] in the proper county jail." 1929 Law § 5.

13. In filing their Verified Petition, the Traditional Midwife Petitioners exercise their legal rights to petition this Court to compel Respondents to follow the 1929 Law and issue the certificates as the legislature has required.

14. As a necessary consequence of doing so, however, Traditional Midwife Petitioners have been forced to disclose that they are and have been practicing traditional midwifery in the Commonwealth *without* the certificate required under the 1929 Law.

15. In so doing, they have had to expose themselves to a serious and credible risk of retaliation, including investigation and prosecution for the unlawful practice of traditional midwifery by various government entities. Such investigations are not limited to those under the 1929 Law, for which penalties include fines and imprisonment; they could be prosecuted under other laws, rules and regulations of the Commonwealth, as well.

16. The investigations could reasonably be brought by Respondents, themselves, whom the legislature entrusted with the power to regulate and duty to certify traditional midwifes – even though they have been refusing to do so for

decades in violation of the law.

17. Put otherwise, the *reason* Traditional Midwife Petitioners do not have the required certificates is because – in violation of the 1929 Law – Respondents simply refuse to issue them to any midwife and, on information and belief, have no process for doing so; *despite this*, Respondents could prosecute Traditional Midwife Petitioners for having the temerity to ask this Court to compel Respondents to comply with that law, in the first place. And Respondents could win.

18. Traditional Midwife Petitioners would also face a serious and credible risk of investigation by the Office of Attorney General and any district attorney in any of the counties where they work as a traditional midwife.

19. Compelling the Traditional Midwife Petitioners to reveal their identities would also make them targets for economic competitors and others, including some hospitals, doctors and licensed nurse-midwives who may seek to cause harm to Traditional Midwife Petitioners by reporting them to various law enforcement and/or regulatory authorities.

20. This is not hypothetical. Doctors and/or nurses in the labor and delivery department at local hospital, who compete with traditional midwives in the marketplace to assist mothers with deliveries of their children, have improperly reported at least one of the Traditional Midwife Petitioners to the local authorities.

21. For economic reasons or otherwise, some oppose traditional midwifery

and want to destroy it and home deliveries in the Commonwealth, entirely. Compelling disclosure of the identities of Traditional Midwife Petitioners would expose them to such unjust harassment – and worse.

22. Defending these investigations and prosecutions – even if prosecution was ultimately declined or unsuccessful – would be incredibly costly and likely financially devastating to Traditional Midwife Petitioners. Under these facts, causing them to suffer in this matter would be unjust and unfairly punitive.

23. Separately, even if law enforcement and/or regulatory agencies ultimately declined to prosecute, the investigations required to respond to external complaints reporting the identities of Traditional Midwife Petitioners would be a needless drain on the limited resources of law and regulatory enforcement.

24. In sum, Petitioners reasonably fear that, if their identities are made publicly available through the Court's docket and case records, Respondents, and other individuals and agencies, including economic competitors and those with an economic or other interest in eliminating traditional midwifery will use that information to investigate Traditional Midwife Petitioners or refer them for prosecution for the unlawful practice of traditional midwifery without a certificate under the 1929 Law and/or for other, related claims before this Court fully acts on the merits of their Verified Petition.

LEGAL ARGUMENT

A. This Court Has Authority to Permit Petitioners to Proceed Anonymously.

25. Pennsylvania courts possess inherent equitable authority to manage their dockets and to protect parties from harm arising from judicial proceedings. *See Commonwealth v. Long*, 922 A.2d 892 (2007) (recognizing inherent judicial power to control proceedings). While Pennsylvania's Rules of Civil Procedure do not set forth a single general rule on filing anonymously, the Pennsylvania Supreme Court's *Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts* expressly recognizes that courts may restrict public access to case information when necessary to protect parties from harm. *See* UJS Public Access Policy, Section 7.0.

26. Indeed, Pennsylvania case law demonstrates that plaintiffs and petitioners may bring actions anonymously. *See, e.g., Doe v. Wyo. Valley Health Care Sys.*, 987 A.2d 758, 761 n.1 (Pa. Super. Ct. 2009) (noting before proceeding to the merits of her employment-related claims, that "Appellee uses the pseudonym 'Jane Doe' to protect her identity"); *Doe v. Curran*, No. 97-CV-3636, 45 Pa. D & C.4th 544 (Pa. Ct. Comm. Pl. 2000) (allowing pseudonym without discussion); *In re Milton S. Hershey Medical Ctr.*, 634 A.2d 159, 160 (Pa. 1993) (parenthetically noting use of pseudonym ["John Doe, M.D. (a pseudonym)"] without discussion in Doe's appeal of Medical Board's decision to allow limited disclosure of HIV-

positive status to his employer, a hospital).

27. This Court should permit the same here.

B. The *Provident Life* Factors.

28. Though not binding upon this Court, courts in the Third Circuit have long permitted plaintiffs to proceed anonymously where the balance of certain factors favors anonymity. *See, e.g., Doe v. Provident Life & Accident Ins. Co.*, 176 F.R.D. 464, 467-68 (E.D. Pa. 1997) (granting plaintiff's motion to proceed anonymously); *Doe v. Megless*, 654 F.3d 404, 408 (3d Cir. 2011) (adopting factors in *Provident Life*).

29. These factors are not an exclusive list to be considered. Trial courts should consider whatever factors are pertinent to the particular case. Even so, most cases in Pennsylvania involving a party's request to proceed anonymously draw upon the factors listed in *Provident Life*, 176 F.R.D. 464, 467-68.

30. The purpose of weighing the *Provident Life* factors is to balance the interest in public access to judicial proceedings against private and public interests favoring the use of pseudonyms. Under this standard, the right of access should prevail unless the party requesting anonymity demonstrates that his interests in privacy or security justify proceeding anonymously. *Id. citing* Joan Steinman, *Public Trial, Pseudonymous Parties: When Should Litigants Be Permitted to Keep Their Identities Confidential?*, 37 Hastings L.J. 1, 13-18 (1985) at 37.

31. In determining whether a party has satisfied this standard, the Court should weigh the private and public interests favoring pseudonymous litigation against the public interest in knowing the true identity of the parties. *Id.* citing Steinman, at 38-42.

32. The factors *supporting* use of a pseudonym are:

(1) the extent to which the identity of the litigant has been kept confidential;

(2) the bases upon which disclosure is feared or sought to be avoided, and how substantial they are;

(3) the magnitude of public interest in maintaining the confidentiality of the litigant's identity;

(4) whether, because of the purely legal nature of the issues presented or otherwise, the public interest in knowing the litigant's identity is atypically weak;

(5) the undesirability of an outcome adverse to the party seeking anonymity and attributable to his refusal to pursue the case at the price of being publicly identified; and

(6) whether the party seeking to sue anonymously has illegitimate ulterior motives for doing so.

Id. citing Steinman, at 38-41.

33. Factors counseling *against* use of a pseudonym are:

(1) the universal level of public interest in accessing the identities of the litigants;

(2) whether, because of the subject matter of the litigation, the status of the litigant as a public figure, or otherwise, there is a particularly strong

interest in knowing the litigant's identity, beyond the normal public interest; and

(3) whether any opposition to the use of a pseudonym by counsel, the public, or the press is motivated by illegitimate reasons.

Id. citing Steinman, at 41-42.

C. Here, Balancing The Relevant *Provident Life* Factors Strongly Favors Permitting Petitioners to Proceed Anonymously.

34. Here, the privacy interest of the Petitioners outweighs the public's interest in open judicial proceedings:

35. ***(1) The extent to which the identity of the litigant has been kept confidential.*** From the outset of this case, Petitioners have taken pains to maintain their anonymity. In every communication with the Respondents to date, Petitioners have taken care to keep their identities strictly confidential. Ex. A. Indeed, on Friday, May 1, 2026, Deputy General Counsel to the Governor directly asked for Jane Doe #1's name. *See* **Exhibit B** ("What is your client's name so I can try to run this down?"). Petitioners refused, responding within the hour: "Candidly, I feel like I need to keep her anonymous, at the moment — unless we can come up with a workaround. To be clear, the issue is *not* with my client's particular "application"; it is a global issue, for all lay/traditional midwives under the 1929 law. So, I hope you understand that I don't want to single her out." *Id.* (Underlining added; other emphasis in original).

36. ***(2) The bases upon which disclosure is feared or sought to be avoided, and the substantiality of these bases***. Petitioners fear disclosure because they already are victims of Respondents' simple refusal to follow the law that is harming thousands of traditional midwives and their clients; if the price of exercising their legal rights is disclosure, surely, they will be victimized again.

Traditional Midwifery Petitioners fear disclosure of their identities on the basis that, if their names were revealed, anyone with an adverse economic interest in competition with traditional midwifery, anyone who simply opposes traditional midwifery and/or home deliveries, or anyone specifically wanting to retaliate against one or more Traditional Midwifery Petitioners could simply refer them to any number of legal or regulatory governmental bodies for investigation and prosecution.

Moreover, there are real risks Petitioners will be stigmatized should their identities be released. First, Traditional Midwifery Petitioners serve members of very small, close-knit communities, including the Commonwealth's Amish and Mennonite communities, who value privacy and humility. Amish Family Client Petitioners are members of the Amish community. If Petitioners' identities are disclosed, they may be branded as "trouble-makers," for bringing unwanted attention to the time-honored tradition and practice of traditional midwifery. That would jeopardize this sacred way of life, and cause Traditional Midwifery Petitioners to

lose business and, quite possibly, be ostracized from the very communities they seek to serve. Second, other traditional midwives will be following this case and may discontinue recommending and referring Traditional Midwifery Petitioners to future clients for the same reasons.

37. **(3) The magnitude of the public interest in maintaining the confidentiality of the litigant's identity** – Here, the public interest in maintaining the confidentiality of Petitioners is significant. Petitioners' clients and their babies, as well as Petitioners' students, all have an interest in receiving Petitioners' continued care and instruction, respectively, which most certainly would be disrupted, if not terminated, by Petitioners' disclosure. Furthermore, the public at large has an interest in protecting plaintiffs in litigation designed to enforce the law, sometimes even awarding legal fees; certainly the public would not want to chill the noble acts of Petitioners. Petitioners' identities should be protected to avoid deterring people from suing to vindicate their rights and hold government agencies accountable. This is especially true when, as here, such vindication would benefit the public as a whole, even at substantial personal risk to Petitioners.

38. **(4) Whether, because of the purely legal nature of the issues presented or otherwise, there is an atypically weak public interest in knowing the litigant's identities** – This matter is *purely* about a legal issue: Respondents' failure to follow the law. The Traditional Midwife Petitioners could be *any*

traditional midwives at all, or all of them. So, too, with the Amish Family Client Petitioners, who could be *any* families in the Amish community or all of them. The precise names and identifies of the particular Petitioners have no real bearing on the case and do not impact Respondents' defense.

While the *legal issues* raised in the Verified Petition may be of some interest to the public, protecting Petitioners by allowing them to file anonymously will not interfere with the public's right or ability to follow the proceedings. On the contrary, it may even better focus the public on what's really at stake. Permitting anonymity, here, will have no effect on this Court's administration of justice.

39. **(5) The undesirability of an outcome adverse to the pseudonymous party and attributable to his refusal to pursue the case at the price of being publicly identified** – An outcome adverse to Petitioners that causes them to refuse to pursue the case to avoid being publicly identified would be highly undesirable – not just for Petitioners, but for public at large and for the administration of justice, as a whole. It would leave in legal limbo the rights of *all* traditional midwives in the Commonwealth of Pennsylvania and threaten the religious beliefs and spiritual practices of all Amish, Mennonites, and similar groups. The relief sought by Petitioners includes not only the granting of their individual certificates to practice traditional midwifery, but also, declaratory relief to establish and maintain a fair process by which all traditional midwives may apply for and obtain certificates to

practice midwifery in the Commonwealth of Pennsylvania. Were Petitioners not to bring this suit for fear of retaliation, Respondents would never be held to account for their unconstitutional inaction, the entire traditional midwife community in the Commonwealth – and their deeply religious clients – would remain in legal limbo.

The individual identities of Petitioners are not important; they could be any traditional midwives or Amish families. But the reverse, too, is true: If this Court prevents these *particular* Petitioners from filing suit, they will have prevented *all* traditional midwives and all Amish families from seeking justice.

40. **(6) Whether the party seeking to sue pseudonymously has illegitimate ulterior motives** – Petitioners seek to proceed anonymously solely for the reasons stated herein. No illegal or ulterior motive can be attributed to Petitioners. None exist.

41. For all of these reasons, the specific and substantial risk of real harm to Petitioners greatly outweighs the public's general interest in knowing the names of the Petitioners. All factors weigh heavily in favor of allowing Petitioners to proceed by pseudonym. Petitioners' Motion should be granted.

CONCLUSION

For the foregoing reasons, Petitioners respectfully request that this Court grant their Motion and enter an Order permitting Petitioners to Proceed Anonymously by:

1. Permitting Petitioners to proceed by pseudonym in lieu of their legal names

in all public filings, docket entries, and case records;

2. Directing Respondents to refer to Petitioners by pseudonym only in all public filings, docket entries, and case records;
3. Directing the Prothonotary to docket this matter using only Petitioners' pseudonyms in the case caption;
4. Directing any filings or portions of filings identifying Petitioners by name be maintained under seal or appropriately redacted and inaccessible to the public;
5. Ordering any party who receives any of Petitioners' identifying information in any way to maintain such information in strict confidence; and
6. Granting any such other and further relief as this Court deems just and appropriate.

Respectfully submitted,

July 2, 2026

Jonathan Scott Goldman
Pa. Attorney I.D. No. 93909
Goldman Law, PLLC
t/a the Goldman Law Team
500 Office Center Dr., Suite 400
Fort Washington, PA 19034
215-770-6376
Jonathan@GoldmanLawTeam.com

Counsel for Petitioners

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

JANE DOE #1, JANE DOE #2, JANE DOE #3, and JOHN DOE #1,	
Petitioners,	**No. ____ M.D. 2026**
v.	**(Original Jurisdiction)**
PENNSYLVANIA DEPARTMENT OF HEALTH and DEBRA L. BOGEN, M.D., FAAP, in her official capacity as SECRETARY OF THE PENNSYLVANIA DEPARTMENT OF HEALTH,	**ORDER GRANTING PETITIONERS' MOTION TO PROCEED ANONYMOUSLY**
PENNSYLVANIA DEPARTMENT OF STATE and AL SCHMIDT, in his official capacity of SECRETARY OF THE COMMONWEALTH,	
PENNSYLVANIA STATE BOARD OF MEDICINE and DONALD M. YEALY, M.D., in his official capacity CHAIR OF THE PENNSYLVANIA STATE BOARD OF MEDICINE, and	
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS and ARION CLAGGETT, in his official capacity as ACTING COMMISSIONER OF THE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS,	
Respondents.	

ORDER

AND NOW, this ____ day of _____, 2026, upon consideration of Petitioners' Motion to Proceed Anonymously (the "Motion"), any Response thereto, oral argument, if any, and for good cause shown, it is hereby ORDERED that the Motion is GRANTED.

It is hereby further ORDERED that:

1. Petitioners may proceed by pseudonym in lieu of using their legal names in all public filings, docket entries, and case records;

2. Respondents shall refer to Petitioners only by pseudonym in all public filings, docket entries, and case records;

3. Any filings or portions of filings identifying Petitioners by name shall be maintained under seal or appropriately redacted so Petitioners' names inaccessible to the public; and

4. Any party who receives any of Petitioners' identifying information, in any way, shall maintain such information in strict confidence.

It is further ORDERED that Prothonotary is instructed to docket all filings for the pendency of this matter using only Petitioners' pseudonyms in the case caption;

BY THE COURT:

_____, J.

CERTIFICATE OF SERVICE

I, Jonathan Scott Goldman, hereby certify that, consistent with Pa. R.A.P. 1514(c), Pa. R.C.P. 422(a), and 42 Pa. C.S. § 8523, on the date below, I caused a true and correct copy of the foregoing Motion to Proceed Anonymously, together with all Exhibits thereto, to be filed electronically with the Court and served upon the following parties, by Certified Mail, Return Receipt Requested and electronic mail as indicated:

Ron Eisenberg
Executive Deputy Attorney General,
Civil Law Division
Office of Attorney General
Commonwealth of Pennsylvania
Strawberry Square
Harrisburg, PA 17120

reisenberg@attorneygeneral.gov

Arion Claggett
Acting Commissioner
Bureau of Professional and
Occupational Affairs
2601 North Third Street
Harrisburg, PA 17110

ArClaggett@pa.gov
cdelaurent@pa.gov

Al Schmidt
Secretary of the Commonwealth
Pennsylvania Department of State
401 North Street
Harrisburg, PA 17120

Al.Schmidt@pa.gov
cdelaurent@pa.gov

Debra L. Bogen, M.D., FAAP
Pennsylvania Department of Health
Office of Legal Counsel
Health and Welfare Building,
8th Floor West
625 Forster Street
Harrisburg, PA 17120

dbogen@pa.gov

Donald M. Yealy, M.D.
Pennsylvania State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

St-medicine@pa.gov
danaarcher@pa.gov

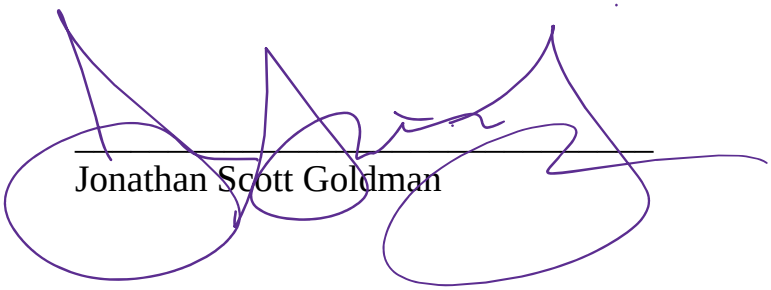
cc: Governor's Office of General Counsel

Jennifer Selber, Chief Counsel
jselber@pa.gov

Laurie Malone, Deputy Chief Counsel
lamalone@pa.gov

I further certify that this Certificate of Service is filed in compliance with the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania and constitutes proper service upon the government units and officers whose duties are sought to be compelled, and upon the Office of Attorney General of the Commonwealth of Pennsylvania, as required by Pa. R.A.P. 1514(c) and Pa. R.C.P. 422(a).

Dated: July 2, 2026



Jonathan Scott Goldman

Received 07/02/2026 10:34 PM Commonwealth Court of Pennsylvania

Outlook

Application Fees for Certification for Lay/Traditional Midwives Pursuant to Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155

From Jonathan Goldman <jonathan@goldmanlawteam.com>
Date Thu 6/25/2026 4:23 PM
To dbogen@pa.gov <dbogen@pa.gov>; al.schmidt@pa.gov <al.schmidt@pa.gov>; ArClaggett@pa.gov <ArClaggett@pa.gov>; st-medicine@pa.gov <st-medicine@pa.gov>
Cc Archer, Dana <danaarcher@pa.gov>; Carolyn DeLaurentis <cdelaurent@pa.gov>; Selber, Jennifer (GC) <jselber@pa.gov>; Akbar Hossain <akhossain@pa.gov>; Malone, Laurie (GC) <lamalone@pa.gov>

1 attachment (3 MB)
Letter to State Medical Board w All Enclosures (6-25-26).pdf;

Dear Secretaries Bogen and Schmidt, Commissioner Claggett, and Dr. Yealy,

Please see attached. I am hopeful each of you will promptly take appropriate action, as required under Pennsylvania's Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155, to cause certificates to be issued to my experienced and well-qualified traditional midwife clients.

Thank you for your assistance and please LMK if you have questions or concerns,

Jonathan

Jonathan Scott Goldman
Goldman Law, PLLC
t/a The Goldman Law Team
jonathan@goldmanlawteam.com
Main: 215-770-6376
Direct: 215-770-5434
Cell: 267-992-1453

www.GoldmanLawTeam.com

500 Office Center Drive
Suite 400
Fort Washington, PA 19034

GOLDMAN
— LAW TEAM —

Jonathan Scott Goldman
Jonathan@GoldmanLawTeam.com
Main: 215-770-6376
Direct: 215-770-5434
Cell: 267-992-1453

Goldman Law, PLLC
500 Office Center Dr., Suite 400
Fort Washington, PA 19034

June 25, 2026

VIA OVERNIGHT MAIL
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

Original with checks

VIA U.S. MAIL
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

VIA U.S. MAIL AND PDF EMAIL
Debra L. Bogen, M.D.
Secretary of Health
Pennsylvania Department of Health
Health and Welfare Building
625 Forster Street, 8th Floor West
Harrisburg, PA 17120

dbogen@pa.gov

VIA U.S. MAIL AND PDF EMAIL
Donald M. Yealy, M.D., Chair
Pennsylvania State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

st-medicine@pa.gov

VIA U.S. MAIL AND PDF EMAIL
Al Schmidt
Secretary of the Commonwealth
Pennsylvania Department of State
302 North Office Building
401 North Street
Harrisburg, PA 17120

al.schmidt@pa.gov

VIA U.S. MAIL AND PDF EMAIL
Arion Claggett, Commissioner
Bureau of Professional and
Occupational Affairs
P.O. Box 2649
Harrisburg, PA 17105-2649

ArClaggett@pa.gov

Re: Application Fees for Certification for Lay/Traditional Midwives
Pursuant to Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155

Dear Sir or Madam,

I represent several clients who have been seeking certifications to practice traditional midwifery pursuant to Pennsylvania's Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155 (the "Midwife Regulation Law"). I enclose herewith three

separate law firm checks made out to the Pennsylvania State Board of Medicine – one for each client's application fee in the amount of $10, as prescribed by law. *Id.*, § 3 ("Each and every applicant for a certificate to practice midwifery shall pay to the said Board of Medical Education and Licensure the sum of ten dollars ($10.00) at the time of making such application.").[1] As explained below, my clients prefer to remain anonymous at this time but will, of course, share their names, as appropriate, when the Board is ready to issue their certificates.

My clients are ***traditional midwives***, governed by the Midwife Regulation Law, and ***not*** *nurse-midwives*, who are, instead, governed by the Medical Practice Act of 1985, Act No. 112 of 1985. Both of these valid laws of the Commonwealth are different and apply to different types of midwives. See *Goslin v. State Board of Medicine*, 949 A.2d 372, n. 11 (Pa. Cmwlth. 2008) ("[T]he 1985 Act and the 1929 Law do not relate to the same class of persons. Although both relate to midwifery, the 1985 Act relates to the licensing of registered nurses as nurse-midwives and the 1929 Law relates to the granting of certificates to other persons who attend women in childbirth.").

We have visited the Department of State's online Pennsylvania Licensing System (PALS) portal multiple times to apply for certificates under the Midwife Regulation Law, but there appears to be no way to do so. I initially spoke with Dana Archer, Counsel for the State Board of Medicine, on March 10, 2026. She both confirmed that my clients *could* ***not*** apply for a certificate through PALS – and stated that the State Board of Medicine ***does not issue certifications*** under the Midwife Regulation Law ***at all***.

We do not understand why or on what basis the Commonwealth (including but not limited to the Secretary of Health, the State Board of Medicine, the Bureau of Professional and Occupational Affairs (BPOA) and the Department of State) has seemingly seen fit to disregard the law in this way. We have requested an explanation multiple times through that initial call and other written communications but, as of this time, have received none. Regardless, ***we respectfully demand that the Commonwealth promptly issue my clients the certifications they seek under the Midwife Regulation Law of 1929.***

Given the Commonwealth's apparent wholesale failure to follow the Midwife Regulation Law, and its failure to timely respond to our multiple requests for

[1] *See* Medical Practice Act of 1985, Act of Dec. 20, 1985, P.L. 457, No. 112 preamble ("reestablishing the State Board of Medical Education and Licensure as the State Board of Medicine").

certificates under that law and/or an explanation as to why it is not being followed, my clients have a reasonable fear of retaliation if they were to disclose their names without further guidance and representations from the Commonwealth. Furthermore, because there is no application form on PALS or otherwise that requires such disclosure, and no one from the Commonwealth has directed us to one, my clients prefer to remain anonymous at this time. When the Commonwealth is prepared to issue the certificates and confirms that it will not retaliate against my clients for failing to have them sooner, we will, of course, disclose their names, as needed, at that time.

Please be assured that each of my clients is a highly qualified traditional midwife – and each deserves the "certificate" that the Board "shall issue … to midwives" under the Midwife Regulation Law. I have disclosed detailed summaries of the qualifications of two of my clients in my letters to the Commonwealth of May 1, 2026 and June 16, 2026, respectively. I incorporate those details herein and enclose copies for you reference.

A description of my third referenced client is as follows:

- She is an apprentice-trained midwife, immersed in the community, who opened her own practice in late 2018 and has been practicing traditional midwifery in the Commonwealth in that capacity for almost a decade.

- Before opening her own practice in 2018, she trained as a traditional midwife for almost another decade through an apprenticeship model, participating in approximately 150 deliveries.

- She began her training in 2009, after delivering her own baby at home with the assistance of a renowned Pennsylvania traditional midwife; prior to that, she had delivered her first four children in hospital settings.

- In addition to attending and assisting with dozens of home deliveries during her near-decade of training prior to opening her own practice, she took courses, became certified, and/or had other training in the following areas: neonatal resuscitation; basic lifesaving, including adult, child, infant, and newborn CPR; fetal suturing; breech delivery; fetal heart tones; and midwifery wisdom.

- In 2013, she received training and became certified as a *doula*, a trained professional who provides continuous physical, emotional, and informational support to a person before, during, and shortly after childbirth. As part of this certification, she was taught, specifically, how to work in the delivery unit of a hospital. She continues to use these skills as a doula to assist and advocate for clients – both in hospitals and in home deliveries – and has participated in this capacity in the births of multiple sets of twins. Prior to opening her own practice as a traditional midwife, she had participated in well over 100 births as a doula.

- Prior to opening her own practice as a traditional midwife, she also had apprenticeships with two different, experienced Pennsylvania midwives. One was a Certified Professional Midwife (CPM) who required use of the Portfolio Evaluation Process (PEP) Program, an alternative, competency-based certification pathway designed and administered by the North American Registry of Midwives (NARM) specifically for traditional, community-trained, or apprentice-trained midwives to earn a CPM credential without necessarily graduating from a formal, accredited midwifery school. This program requires the apprentice to successfully fulfill hundreds of core competencies across three clinical phases prior to becoming a full midwife.[2]

- Before beginning her study of traditional midwifery, she worked directly with the Head of Dermatology at one of the top hospitals in Montgomery County for almost a decade. She started working with this doctor in high school and worked with him for 9 years, both in the hospital and in his private practice. During this time, she shadowed the doctor, participating in nursing duties, patient care, and practice management. Among other things, she assisted the doctor with out-patient surgeries, wound care, and removal of sutures.

[2] Instead of classroom transcripts, PEP relies on a comprehensive, highly detailed "checklist" of documented clinical skills and hands-on experience verified by a NARM-Registered Preceptor. The checklist includes hundreds of core competencies across areas such as general healthcare skills; maternal health assessment; labor, birth, and immediate postpartum; postpartum and well-baby care; and emergency & pharmacology; and is broken up into three clinical phases: births as an observer; assistant under supervision; and primary under supervision. Each phase has clear requirements and metrics for passage into the next. *See* Download the PEP Application – North American Registry of Midwives.

- She attended a progressive private school for middle and high school that embraced experiential education, ultimately graduating in 2002 from a top-ranked Pennsylvania public school that has been recognized nationally as a Blue Ribbon School of Excellence by the United Stated Department of Education.

- She also has run programs in doula training and placenta training for over a decade and, since becoming a full traditional midwife, she has served as a teacher, training others in traditional midwifery. Specifically, she has served as the teacher to two students who have completed their full apprenticeship training with her. She is presently teaching 1 fulltime student and 2 part-time students in traditional midwifery.

- In the past year, she has participated in 40-50 home deliveries, and throughout her experience with traditional midwifery, she has attended more than 500 births, most of them home deliveries.

There remain many more traditional midwives in this Commonwealth who are similarly qualified to receive certificates under the Midwife Regulation Law. The Commonwealth's failure to issue these certificates presents a problem, not only for my clients, but for many other lay/traditional midwives throughout the Commonwealth who diligently, competently and faithfully serve women and their families, many training through a traditional apprenticeship model, different from the requirements of the Medical Practice Act of 1985.[3]

---

[3] Traditional midwives serve families throughout Pennsylvania, including but not limited to, those in Pennsylvania's proud Amish and Mennonite communities, for whom, the ability to give birth in their homes is an essential part of their constitutionally-protected religious tradition and practice.

Indeed, traditional midwifery is of particular legal and constitutional importance to these robust communities (and others) throughout the Commonwealth of Pennsylvania. As part of their religious practices, these groups believe in giving birth without extensive medical intervention, as they believe G-d intended, and as is described throughout the Bible. Accordingly, the religious practice for these communities requires them to give birth *with the assistance of midwives* and ***in their homes***. For many, giving birth in a hospital and taking advantage of what most Pennsylvanians may think of as the "benefits" of modern medicine would be considered a violation of their religious beliefs and constitutional freedom of religion.

Of course others, who are not religious at all, are increasingly learning about and seeking out the assistance of lay/traditional midwives. This interest cuts across all educational, socio-economic, and geographic strata. Reasons for this include the desire to better control the birthing process in the comfort of their own homes; the economic cost of delivering a baby in a hospital; and the way institutional hospitals make some people feel mentally and emotionally, as well as physically, due to modern medicines and some modern surgical interventions.

If you have questions or need further information, please contact me at Jonathan@GoldmanLawTeam.com or 215-770-5434. Otherwise, kindly issue the certificates promptly and send them to my attention at: Goldman Law, PLLC, 500 Office Center Dr., Suite 400, Fort Washington, PA 19034. If you are unable to issue the certifications to my clients, we would be grateful for an explanation why.

Respectfully, Thank you

Jonathan Scott Goldman

Enclosures:

Letters of May 1, 2026 and June 16, 2026
3 checks for application fees of $10/each

Cc: Dana Archer, Board Counsel, State Board of Medicine (via PDF email only)
Carolyn DeLaurentis, Chief Counsel, Department of State (via PDF email only)
Jennifer Selber, General Counsel, Office of the Governor (via PDF email only)
Akbar Hossain, Secretary of Policy and Planning (via PDF email only)

As a result, particularly in some areas of the country and the Commonwealth, hospitals are increasingly seeing traditional/lay midwives as an *economic threat* to the bottom line of their obstetrician and gynecological "businesses". Some have threatened lay/traditional midwives, sought to have them investigated by civil and criminal law enforcement, and tried to force them to affiliate with licensed doctors or nurses (including, in Pennsylvania, through required "collaborative agreements,") in part, so these practices of licensed professionals can control traditional/lay midwives, allowing hospitals and medical practices to add midwifery services to their offerings and enhance their bottom lines.

For all of these reasons, we respectfully request that the Commonwealth act promptly to issue certificates to my clients under the Midwife Regulation Law, and to others who will come after them.

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER · HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

1002

GOLDMAN LAW, PLLC
500 W OFFICE CENTER DR STE 400 OFFICE 4068
FORT WASHINGTON, PA 19034

DATE 6/25/26 3-7615/360

PAY TO THE ORDER OF Pennsylvania State Board of Medicine $ 10 00/xx

Ten and 00/xx DOLLARS

Citizens

FOR Traditional Midwifery Certificate Under 1929 Law R

⑈001002⑈ ⑆036076150⑆ 6321004158⑈

Details on Back. Security Features

1003

GOLDMAN LAW, PLLC
500 W OFFICE CENTER DR STE 400 OFFICE 4068
FORT WASHINGTON, PA 19034

3-7615/360

DATE 6/25/26

PAY TO THE ORDER OF Pennsylvania State Board of Medicine $ 10 00/xx

Jen ad 00/xx DOLLARS

Citizens

FOR Traditional Midwife Certificate under 1929 Law k

⑈001003⑈ ⑆036076150⑆ 6321004158⑈

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER · HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

1004

GOLDMAN LAW, PLLC
500 W OFFICE CENTER DR STE 400 OFFICE 4068
FORT WASHINGTON, PA 19034

3-7615/360

DATE 6/25/26

PAY TO THE ORDER OF Pennsylvania State Board of Medicine $ 10 00/xx

Jan and xx/100 DOLLARS

Citizens

FOR Traditional Midwife Certificate
Under 1929 Law A

⑈001004⑈ ⑆036076150⑆ 6321004158⑈

Details on back. Security Features

GOLDMAN
— LAW TEAM —

Jonathan Scott Goldman
Jonathan@GoldmanLawTeam.com
Main: 215-770-6376
Direct: 215-770-5434
Cell: 267-992-1453

Goldman Law, PLLC
500 Office Center Dr., Suite 400
Fort Washington, PA 19034

May 1, 2026

VIA PDF EMAIL AND U.S. MAIL

Dana Archer, Esquire
Board Counsel, State Board of Medicine
Governor's Office of General Counsel
Department of State, Office of Chief Counsel
401 North Street, Room 306
Harrisburg, PA 17120-0500

danaarcher@pa.gov

Re: Certification for Lay/Traditional Midwives Pursuant to Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155

Dear Attorney Archer,

I write in follow up to our call on March 10, seeking a certification for a client pursuant to the Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155 (the "Midwife Regulation Law"). As set forth below, time is of the essence. As a reminder, my client is a ***lay/traditional midwife*** under the Midwife Regulation Law and ***not*** a *nurse-midwife*, under the Medical Practice Act of 1985, Act No. 112 of 1985 (the "Medical Practice Act").[1] Both of these are valid laws of the Commonwealth, but they are different and apply to different types of midwives. See *Goslin v. State Board of Medicine*, 949 A.2d 372 (Pa. Cmwlth. 2008).

My client, who is an experienced and well-qualified lay/traditional midwife – but not a nurse – has sought and continues to seek from the "State Board of Medical Education and Licensure" the "certificate" that the Board "shall issue … to midwives"

[1] Nurse-midwives are subject to regulation and oversight pursuant to the Medical Practice Act, which requires applicants for a certified nurse midwife license, among other things, to be registered nurses and practice under a collaborative agreement with a physician. Senate Bill 507, PN 1158, seeks to amend the Medical Practice Act of 1985 but, importantly, *not* the Midwife Regulation Law of 1929.

under the Midwife Regulation Law. We do not understand why she has not been able to receive the certificate that the Board is required to issue under the law. But there can be no doubt that she is qualified.

My client has an undergraduate Bachelor of Science degree with a major in Maternal and Infant Health, and a Master's Degree in Clinical Mental Health. In her more than 30 years of home birth experience, she has "caught" more than 1,500 babies. Among other credentials which demonstrate her lifetime of deep experience in this area, my client has served as a lay/traditional midwife in multiple states and held midwifery licenses in California, Washington, and Texas, where such licenses are offered. She has been asked to promulgate rules for newly passed midwifery legislation in another state, and has served on the faculty of two midwifery schools.

My client also has a long affiliation with North American Registry of Midwives (NARM) which, among other things, issues a Certified Professional Midwife (CPM) credential, accredited by the National Commission for Certifying Agencies (NCCA). Her affiliation with NARM began when she took her first NARM exam, around 1992, before NARM issued a formal "CPM" certification. After NARM began issuing this designation, my client was fully certified by NARM as a CPM and used that designation with her name for about a decade.[2]

My client has a legal right to apply for this certificate and is happy to pay the ten-dollar application fee prescribed by the law. Indeed, she has tried to do so. As you acknowledged in our call, however, she ***cannot*** *apply* through the Department of State's online Pennsylvania Licensing System (PALS) portal because the State Board of Medicine ***does not issue*** *certifications* under the Midwife Regulation Law. We do not understand why or on what basis the Commonwealth (including but not limited to the Medical Board and the Department of State) has seemingly seen fit to disregard the law in this way. ***Regardless, we respectfully demand that the Commonwealth promptly issue my client the certification she seeks under the Midwife Regulation Law of 1929.***

[2] When she went to obtain a master's degree, my client accidentally allowed her official CPM certification to lapse rather than designating her status as "retired" or "dormant". As a result, she is not presently entitled to use the CPM designation and does not do so. That said, all of her NARM classes are currently up-to-date; once she takes her exam, my client will again be fully certified and permitted to use the CPM designation, as in the past.

When we spoke by phone, we discussed Senate Bill 507, PN 1158. I wanted to acknowledge that, since our conversation, just this week, that bill passed the Pennsylvania House of Representatives on its third consideration. To be clear, SB507 amends *only* the Medical Practice Act of 1985. It does *not* impact the Midwife Regulation Law of 1929, under which I make this request. Indeed, the language of the SB507 specifically states that: "Nothing in this act shall be construed to … prohibit the practice of lay midwives." Even so, should Governor Shapiro allow this bill to pass into law – *and he should* ***not*** – we expect its implementation may inject significant legal confusion and uncertainty for the status of lay/traditional midwives in the Commonwealth among state agencies, law enforcement, and lay/traditional midwives, themselves, not to mention meaningful legal and constitutional challenges.

This legislative backdrop adds significant urgency to our request. The Commonwealth, and specifically the Medical Board and Department of State, have the opportunity to act proactively to stave off such confusion by issuing the certificates required under the Midwife Regulation Law of 1929. This should start promptly, as soon as possible, with my client. Please let me know how I can be of assistance.

The Commonwealth's apparent failure to issue these certificates under the Midwife Regulation Law of 1929 presents a problem, not only for my client, but for the many other lay/traditional midwives throughout the Commonwealth who diligently, competently and faithfully serve women and their families, training through a traditional apprenticeship model, different from the requirements of the Medical Practice Act of 1985. These families include, but certainly are not limited to, those in Pennsylvania's proud Amish and Mennonite communities, for whom, the ability to give birth in their homes is an essential part of their constitutionally-protected religious tradition and practice.

Indeed, Lay/traditional midwifery is of particular legal and constitutional importance to the robust Amish and Mennonite communities (and others) throughout the Commonwealth of Pennsylvania and beyond. As part of their religious practices, these groups believe in giving birth "the old-fashioned way," as they believe G-d intended, and as is described throughout the Bible. Accordingly, the religious practice for these communities requires them to give birth *with the assistance of lay/traditional midwives* and ***in their homes***. For many, giving birth in a hospital and taking advantage of what most Pennsylvanians may think of as the "benefits" of modern medicine would be considered a violation of their religious beliefs and constitutional freedom of religion.

Of course others, who are not religious at all, are increasingly learning about and seeking out the assistance of lay/traditional midwives. This interest cuts across all educational, socio-economic, and geographic strata. Reasons for this include the desire to better control the birthing process in the comfort of their own home; the economic cost of delivering a baby in a hospital; and the way institutional hospitals make some people feel mentally and emotionally, as well as physically, due to modern medicines and some modern surgical interventions.

As a result, particularly in some areas of the country and the Commonwealth, hospitals are increasingly seeing traditional/lay midwives as an *economic threat* to the bottom line of their obstetrician and gynecological "businesses". Some have threatened lay/traditional midwives, sought to have them investigated by civil and criminal law enforcement, and tried to force them to affiliate with licensed doctors or nurses, in part, so these practices of licensed professionals can control traditional/lay midwives, allowing hospitals and medical practices to add midwifery services to their offerings and enhance their bottom lines.

We do not know what role, if any, these concerns played in the motivation of the American College of Obstetricians and Gynecologists (ACOG), which lobbied heavily for SB 507. But we do know that the Midwife Regulation Law of 1929 continues to protect the practice of law/traditional midwifery throughout the Commonwealth. For all of these reasons, we respectfully request that the Commonwealth act promptly to issue a certificate to my client thereunder, and to others who will come after her.

While I appreciate, from experience, that the Commonwealth cannot always act quickly, time is of the essence. Kindly get back to me as soon as you are able. I would be happy to listen and share thoughts even on an interim basis, and will assist the Commonwealth however I am able. My cell is 267-992-1453.

Respectfully,

Jonathan Scott Goldman

Cc: Carolyn DeLaurentis, Chief Counsel, Department of State (via PDF email only)
Jennifer Selber, General Counsel, Office of the Governor (via PDF email only)
Akbar Hossain, Secretary of Policy and Planning (via PDF email only)

GOLDMAN
— LAW TEAM —

Jonathan Scott Goldman
Jonathan@GoldmanLawTeam.com
Main: 215-770-6376
Direct: 215-770-5434
Cell: 267-992-1453

Goldman Law, PLLC
500 Office Center Dr., Suite 400
Fort Washington, PA 19034

June 16, 2026

VIA PDF EMAIL AND U.S. MAIL

Carolyn DeLaurentis, Esquire
Chief Counsel, Department of State
Governor's Office of General Counsel
Pennsylvania Department of State
Office of Chief Counsel
306 North Office Building
401 North Street
Harrisburg, PA 17120-0500

cdelaurent@pa.gov

Dana Archer, Esquire
Board Counsel, State Board of Medicine
Governor's Office of General Counsel
Pennsylvania Department of State
Office of Chief Counsel
306 North Office Building
401 North Street
Harrisburg, PA 17120-0500

danaarcher@pa.gov

Re: Certification for Lay/Traditional Midwives Pursuant to Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155

Dear Attorneys DeLaurentis and Archer,

I write both in follow up to my May 1, 2026 letter, seeking a certification for a client pursuant to the Midwife Regulation Law, Act of Apr. 4, 1929, P.L. 160, No. 155 (the "Midwife Regulation Law") – and to seek a certification under that law *for a* ***different client***, who also prefers to remain anonymous at this time for fear of retaliation. Unlike the prior client, this client ***is a nurse-midwife***, under the Medical Practice Act of 1985, Act No. 112 of 1985 (the "Medical Practice Act").[1]

[1] As previously asserted and discussed, both the Midwife Regulation Law and the Medical Practice Act are valid laws of the Commonwealth – but they are different and apply to different types of midwives. See *Goslin v. State Board of Medicine*, 949 A.2d 372, n. 11 (Pa. Cmwlth. 2008)("[T]he 1985 Act and the 1929 Law do not relate to the same class of persons. Although both relate to midwifery, the 1985 Act relates to the licensing of registered nurses as nurse-midwives and the 1929 Law relates to the granting of certificates to other persons who attend women in childbirth."). My client has sought and continues to seek from the "State Board of Medical Education and Licensure" the "certificate" that the Board "shall issue … to midwives" under the Midwife Regulation Law. We do not understand why she has not been able to receive the certificate that the Commonwealth is required to issue under the law.

As a registered nurse and a nurse midwife under the Medical Practice Act, there can be no question that my client is also qualified to practice traditional midwifery in the Commonwealth. This client seeks an ***additional certification*** under the Midwife Regulation Law, however, because she prefers to assist in ***home deliveries***. As a practical matter, the requirement in the Medical Practice Act that nurse-midwives practice "pursuant to a collaborative agreement with a physician" who "shall have hospital clinical privileges in the specialty area of the care for which the physician is providing collaborative services" ***will soon prevent her from assisting with home deliveries***. Medical Practice Act of 1985, Act No. 112 of 1985, Section 35.(c)(1) and (d).[2]

My client's collaborative agreement runs out in December 2026, however, and, in seeking to renew that agreement, the physician and hospital where they have clinical privileges told my client that she ***may no longer assist clients with home deliveries***; instead, she must focus on hospital births only. With this requirement, my client is prevented from attending to religious and other clients who require or simply prefer a traditional home birth. This is not an isolated or geographically-limited occurrence, but a trend across the Commonwealth.

Though my client has sought collaborative agreements with other physicians in the area, none will permit her to assist clients with home deliveries. All of the physician groups are owned by hospitals, and the hospitals will not permit my client to assist with home deliveries under a nurse-midwife license due to their business model, which prioritizes insurance-based, in-hospital care and the procedures and profits that go along with it. This is not only a problem for my client. Rather, it is a concern for all Pennsylvanians who require home deliveries for constitutionally-protected, religious reasons, as well as those who simply prefer to deliver their children at home with the assistance of a traditional midwife.

My client started practicing her profession of midwifery as *a* ***traditional*** *midwife* in 1979, after serving as an apprentice to a doctor. She has been engaged in midwifery for more than 45 years. During this time, she has historically assisted clients with their births *both* in hospitals and in their homes. My client has "caught" more than 1,200 babies, roughly 70% at home deliveries, and 30% in hospitals and birthing center settings.

[2] This legal requirement for nurse midwives is unnecessary for traditional midwives who, with the informed consent of their homebirth clients, follow a recognized practice of "transporting" clients to the nearest medical hospital in the relatively rare instance when such a need arises.

My client is eminently qualified to receive a certificate under the Midwife Regulation Law of 1929. After practicing traditional midwifery exclusively for almost two decades, she enrolled in a diploma program at Bucks County Community College, one of the top community colleges in the Commonwealth (and in the United States) for nursing, and became a registered nurse or RN. Thereafter, my client achieved a Bachelor of Science degree in nursing from Drexel Medical College & Hospital. She, next, achieved a certificate in midwifery from the former University of Medicine and Dentistry of New Jersey, now Rutgers School of Nursing, through a program accredited by the Accreditation Commission for Midwifery Education (ACME). My client, then, earned a Master of Science degree with a concentration in midwifery from the Philadelphia College of Textiles & Science, now Philadelphia University. Throughout this time, she maintained her practice of midwifery exclusively at *home deliveries*.

In approximately 2001, following her achievement of the above educational milestones, my client began working outside of clients' homes for the first time. She, first, worked at a birth center and Jeanes Hospital. Thereafter, over the next approximately 25 years, my client worked as a midwife at multiple hospitals in the Commonwealth.

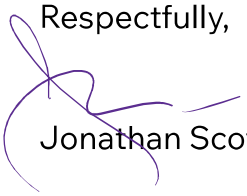
My client also taught midwifery, both in apprenticeship and academic models. For example, she served as adjunct faculty at multiple educational institutions across the Commonwealth. There, she taught *both* traditional *in-home* midwifery ***and*** *in-hospital* midwifery, and assisted with those schools' clinical training models, helping students achieve the clinical hours required for their respective programs.

My client has a legal right to apply for a certificate under the Midwife Regulation Law and is happy to pay the prescribed ten-dollar application fee. Indeed, she has tried to do so. As you have acknowledged, however, neither she nor any Pennsylvania midwife can apply through the Department of State's online Pennsylvania Licensing System (PALS) portal or otherwise because the State Board of Medicine and the Commonwealth ***do not issue*** *certifications* under the Midwife Regulation Law of 1929. We do not understand why or on what basis the Commonwealth (including but not limited to the Medical Board and the Department of State) has seemingly seen fit to disregard the law in this way. ***Regardless, we respectfully demand that the Commonwealth promptly issue my client the certification she seeks under the Midwife Regulation Law of 1929.***[3]

[3] The Commonwealth's failure to issue these certificates under the Midwife Regulation Law of 1929 presents a problem, not only for my clients, but for many other lay/traditional midwives throughout

While I appreciate, from experience, that the Commonwealth cannot always act quickly, time is of the essence. Our initial call about this issue took place on March 10, 2026 – more than 3 months ago. That is too long. Kindly provide an update as soon as possible. My cell is 267-992-1453.

Respectfully,



Jonathan Scott Goldman

Cc: Jennifer Selber, General Counsel, Office of the Governor (via PDF email only)
Akbar Hossain, Secretary of Policy and Planning (via PDF email only)

---

the Commonwealth who diligently, competently and faithfully serve women and their families, many training through a traditional apprenticeship model, different from the requirements of the Medical Practice Act of 1985. These families include, but certainly are not limited to, those in Pennsylvania's proud Amish, Mennonite and some Orthodox Jewish communities, for whom, the ability to give birth in their homes is an essential part of their constitutionally-protected religious tradition and practice.

Indeed, Lay/traditional midwifery is of particular legal and constitutional importance to these robust communities (and others) throughout the Commonwealth of Pennsylvania. As part of their religious practices, these groups believe in giving birth without extensive medical intervention, as they believe G-d intended, and as is described throughout the Bible. Accordingly, the religious practice for these communities requires them to give birth *with the assistance of midwives* and ***in their homes***. For many, giving birth in a hospital and taking advantage of what most Pennsylvanians may think of as the "benefits" of modern medicine would be considered a violation of their religious beliefs and constitutional freedom of religion.

Of course others, who are not religious at all, are increasingly learning about and seeking out the assistance of lay/traditional midwives. This interest cuts across all educational, socio-economic, and geographic strata. Reasons for this include the desire to better control the birthing process in the comfort of their own home; the economic cost of delivering a baby in a hospital; and the way institutional hospitals make some people feel mentally and emotionally, as well as physically, due to modern medicines and some modern surgical interventions.

As a result, particularly in some areas of the country and the Commonwealth, hospitals are increasingly seeing traditional/lay midwives as an *economic threat* to the bottom line of their obstetrician and gynecological "businesses". Some have threatened lay/traditional midwives, sought to have them investigated by civil and criminal law enforcement, and tried to force them to affiliate with licensed doctors or nurses, in part, so these practices of licensed professionals can control traditional/lay midwives, allowing hospitals and medical practices to add midwifery services to their offerings and enhance their bottom lines.

For all of these reasons, we respectfully request that the Commonwealth act promptly to issue a certificate to my client thereunder, and to others who will come after her.

Received 07/02/2026 10:34 PM Commonwealth Court of Pennsylvania

Outlook

Re: [External] Fw: Need Lay/Traditional Midwife Certificate under Midwife Regulation Law of 1929

From Jonathan Goldman <jonathan@goldmanlawteam.com>
Date Fri 5/1/2026 4:01 PM
To Malone, Laurie (GC) <lamalone@pa.gov>
Cc Selber, Jennifer (GC) <jselber@pa.gov>

Thanks, Laurie, for the wonderful/quick response. Candidly, I feel like I need to keep her anonymous, at the moment — unless we can come up with a workaround. To be clear, the issue is *not* with my client's particular "application"; it is a global issue, for all lay/traditional midwives under the 1929 law. So, I hope you understand that I don't want to single her out. From everything I know, there ***is no*** *application to fill out* on PA's website or otherwise; I do not think there are even regs in place for granting a certificate. For whatever reason — and it may have to do with the Medical Board and the profitability of the OB/GYN "business" for hospitals over the course of years — the Board/State simply are not, and have not been following the 1929 law.

Have any ideas?

Jonathan

Jonathan Scott Goldman
Goldman Law, PLLC
t/a The Goldman Law Team
jonathan@goldmanlawteam.com
Main: 215-770-6376
Direct: 215-770-5434
Cell: 267-992-1453

www.GoldmanLawTeam.com

500 Office Center Drive
Suite 400
Fort Washington, PA 19034

GOLDMAN
— LAW TEAM —

From: Malone, Laurie (GC) <lamalone@pa.gov>
Sent: Friday, May 1, 2026 3:19 PM
To: Jonathan Goldman <jonathan@goldmanlawteam.com>
Cc: Selber, Jennifer (GC) <jselber@pa.gov>
Subject: Re: [External] Fw: Need Lay/Traditional Midwife Certificate under Midwife Regulation Law of 1929

Hi Jonathan-
What is your client's name so I can try to run this down?

Laurie A. Malone

PRIVILEGED AND CONFIDENTIAL COMMUNICATION
The information transmitted is intended only for the person or entity to whom it is addressed and may contain confidential and/or privileged material. Any use of this information other than intended recipient is prohibited. If you receive this message in error, please send a reply e-mail to the sender and delete the material from any and all computers. Unintended transmissions shall not constitute waiver of the attorney-client or any other privilege.

From: Jonathan Goldman <jonathan@goldmanlawteam.com>
Date: Friday, May 1, 2026 at 2:25 PM
To: Malone, Laurie (GC) <lamalone@pa.gov>
Subject: [External] Fw: Need Lay/Traditional Midwife Certificate under Midwife Regulation Law of 1929

ATTENTION: This email message is from an external sender. Do not open attachments or click links from unknown senders. To report suspicious email, use the Report Phish button<https://urldefense.proofpoint.com/v2/url?u=https-3A__www.pa.gov_content_dam_copapwp-2Dpagov_en_oa_documents_documents_report-2Dphish-2Dbutton-2Duser-2Dguide.pdf&d=DwIGaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=xPnN0LQMnrEKXDJzv0JuA0WX85B_aoU9ot9azzqh2Iw&m=MYDzYIz2X-0XxtRB3DSxnW6qL74k1wTMCyl3bGird3S-7TtyYc8S_BxZgm1FUHuM&s=05bCtQVW_kUJOkEpNLlahzJ8nQmvYiPuDWxUTK8ALQE&e=> in Outlook.

Didn't copy you on the earlier legal email, Laurie. Sorry about that. Please see below/attached.

Jonathan

_____

Jonathan Scott Goldman
Goldman Law, PLLC
t/a The Goldman Law Team
jonathan@goldmanlawteam.com

Main: 215-770-6376

Direct: 215-770-5434

Cell: 267-992-1453

https://urldefense.proofpoint.com/v2/url?u=http-3A__www.GoldmanLawTeam.com&d=DwIGaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=xPnN0LQMnrEKXDJzv0JuA0WX85B_aoU9ot9azzqh2Iw&m=MYDzYIz2X-0XxtRB3DSxnW6qL74k1wTMCyl3bGird3S-7TtyYc8S_BxZgm1FUHuM&s=Hmn3sBhkANImm8_Rn9JVnzjkumIRCcnTmuAP29B16ZQ&e=

500 Office Center Drive
Suite 400
Fort Washington, PA 19034

[cid:fa97ce50-634e-4302-a872-3d3b5d6bf55b]

_____

From: Jonathan Goldman <jonathan@goldmanlawteam.com>
Sent: Friday, May 1, 2026 10:02 AM
To: danaarcher@pa.gov <danaarcher@pa.gov>
Cc: Carolyn DeLaurentis <cdelaurent@pa.gov>; akhossain@pa.gov <akhossain@pa.gov>; jselber@pa.gov <jselber@pa.gov>
Subject: Need Lay/Traditional Midwife Certificate under Midwife Regulation Law of 1929

We spoke about this in March, Dana, and I attach the formal follow up discussed. As a reminder, my client needs the certificate the Board is required to issue under the Midwife Regulation Law of 1929. It seems the Commonwealth is not issuing them, but if I am wrong — and I hope I am — please advise how she can get one or, otherwise, confirm. Time is of the essence.

Though not directly related, if the Governor allows Senate Bill 507, PN 1158, to pass into law (which he should not as written) it may inject significant legal confusion and uncertainty for the status of lay/traditional midwives in the Commonwealth. The Board and State can act proactively, here, to stave off confusion by issuing the certificates required under the Midwife Regulation Law of 1929, hopefully, starting with my client.

My cell is 267-992-1453, and I am here to help.

Thank you,

Jonathan

_____

Jonathan Scott Goldman
Goldman Law, PLLC
t/a The Goldman Law Team
jonathan@goldmanlawteam.com

Main: 215-770-6376

Direct: 215-770-5434

Cell: 267-992-1453

https://urldefense.proofpoint.com/v2/url?u=http-3A__www.GoldmanLawTeam.com&d=DwIGaQ&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=xPnN0LQMnrEKXDJzv0JuA0WX85B_aoU9ot9azzqh2Iw&m=MYDzYIz2X-0XxtRB3DSxnW6qL74k1wTMCyl3bGird3S-7TtyYc8S_BxZgm1FUHuM&s=Hmn3sBhkANImm8_Rn9JVnzjkumIRCcnTmuAP29B16ZQ&e=

500 Office Center Drive
Suite 400
Fort Washington, PA 19034

Received 07/02/2026 10:34 PM Commonwealth Court of Pennsylvania

CERTIFICATE OF SERVICE

I, Jonathan Scott Goldman, hereby certify that, consistent with Pa. R.A.P. 1514(c), Pa. R.C.P. 422(a), and 42 Pa. C.S. § 8523, on the date below, I caused a true and correct copy of the foregoing Motion to Proceed Anonymously, together with all Exhibits thereto, to be filed electronically with the Court and served upon the following parties, by Certified Mail, Return Receipt Requested and electronic mail as indicated:

Ron Eisenberg
Executive Deputy Attorney General,
Civil Law Division
Office of Attorney General
Commonwealth of Pennsylvania
Strawberry Square
Harrisburg, PA 17120

reisenberg@attorneygeneral.gov

Arion Claggett
Acting Commissioner
Bureau of Professional and
Occupational Affairs
2601 North Third Street
Harrisburg, PA 17110

ArClaggett@pa.gov
cdelaurent@pa.gov

Al Schmidt
Secretary of the Commonwealth
Pennsylvania Department of State
401 North Street
Harrisburg, PA 17120

Al.Schmidt@pa.gov
cdelaurent@pa.gov

Debra L. Bogen, M.D., FAAP
Pennsylvania Department of Health
Office of Legal Counsel
Health and Welfare Building,
8th Floor West
625 Forster Street
Harrisburg, PA 17120

dbogen@pa.gov

Donald M. Yealy, M.D.
Pennsylvania State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

St-medicine@pa.gov
danaarcher@pa.gov

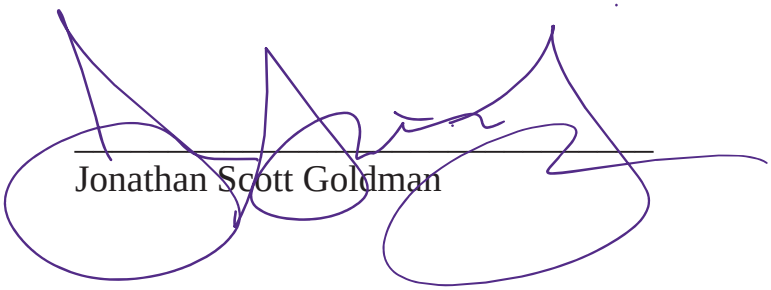
cc: Governor's Office of General Counsel

Jennifer Selber, Chief Counsel
jselber@pa.gov

Laurie Malone, Deputy Chief Counsel
lamalone@pa.gov

I further certify that this Certificate of Service is filed in compliance with the Case Records Public Access Policy of the Unified Judicial System of Pennsylvania and constitutes proper service upon the government units and officers whose duties are sought to be compelled, and upon the Office of Attorney General of the Commonwealth of Pennsylvania, as required by Pa. R.A.P. 1514(c) and Pa. R.C.P. 422(a).

Dated: July 2, 2026



Jonathan Scott Goldman