AMERICAN COLLEGE of NURSE-MIDWIVES
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January 26, 2015

Senator Mary Pilcher-Cook
Kansas State Capitol
300 SW 10th Street, Room 441-E
Topeka, Kansas 66612

Re: Support for Senate Bill 69– An Act Concerning Advanced Practice Registered Nurses

Dear Senator Pilcher-Cook and Esteemed Members of the Public Health and Welfare Committee:

I am writing on behalf of the American College of Nurse-Midwives (ACNM), the national professional organization representing the interests of certified nurse-midwives (CNM) and certified midwives (CM) practicing in the United States, in regards to Senate Bill 69, which proposes to remove the requirement for a written protocol agreement for certified nurse-midwives, among other things. The enactment of S.69 would increase access to quality health care providers, control health care costs, and align advanced practice regulation with recommended national standards.

Kansas nurse-midwives are highly trained providers who earn graduate degrees and must pass a national certification examination to demonstrate mastery of ACNM's core competencies, which meet or exceed international recommendations for midwifery care. Nurse-midwifery practice encompasses a full range of primary healthcare services for women from adolescence to beyond menopause. Midwifery services are provided in partnership with women and families in diverse settings such as ambulatory care clinics, private offices, community and public health systems, homes, hospitals and birth centers.

Decades of research indicate that services provided by nurse-midwives compare favorably to those provided by physicians. For example, in a recent systematic review of studies comparing midwifery care to physician care, researchers concluded that women cared for by CNMs compared to women of the same risk status cared for by physicians had lower rates of cesarean birth, lower rates of labor induction and augmentation, a significant reduction in the incidence of third and fourth degree perineal tears, and higher rates of breastfeeding.[1] Moreover, a 2012 meta-analysis of midwifery outcomes as compared to labor and delivery care provided by physicians concluded that there was no difference in CNM versus MD care and, for some variables, that midwifery care demonstrated better outcomes. The study concluded that midwifery care "is safe and effective" and urged that midwives "should be better utilized to address the projected health care workforce shortages."[2]

[1] Newhouse RP, Stanik-Hutt J, White KM, et al. Advanced practice nursing outcomes 1990-2008: a systematic review. *Nurs Econ.* 2011;29(5):1-22.
[2] Johantgen M et al. Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives

Importantly, the midwifery model of care also results in significant savings in health care spending by appropriate use of expensive technology and reducing cesarean rates. This is particularly important to the state, given that Kansas' Medicaid program covers more than 32 percent of all births in the state. ACNM estimates that in 2013 alone, if CNMs had attended all Kansas births to low risk women, the savings from reduced cesarean births alone would have amounted to nearly $1.8 million for Kansas' Medicaid program and over $8 million for individuals with commercial insurance or paying out of their own pocket.[3]

A robust midwifery workforce would greatly improve the delivery of and access to women's health care in Kansas while reducing the state's health care expenditures. According to the American Congress of Obstetricians and Gynecologists (ACOG), nearly 75% of Kansas counties lack an obstetrician-gynecologist, an unfortunate statistic that indicates a strained maternity care workforce in the state.[4] A modernization of the regulation of nurse-midwives as proposed in S.69 would likely yield an increase in the midwifery workforce, as "the single best predictor" of the distribution of nurse-midwives has been shown to be the degree to which state policies "facilitated or restricted" practice.[5] The existing requirement for a written protocol agreement is a hindrance to Kansas' ability to attract and retain a vibrant, thriving midwifery workforce.

Full practice authority – a regulatory structure that allows advanced practice nurses to autonomously practice to the full extent of their education and training – is not akin to practicing in isolation. Midwifery practice by definition occurs within a health care system that provides for consultation, collaborative management, or referral as indicated by the health status of the woman or newborn.[6] Safe, quality health care can best be provided to women and their infants when policymakers develop laws and regulations that permit CNMs to provide independent midwifery care within their scope of practice while fostering collaborative management of care.[7] Importantly, this position is supported by our obstetrician-gynecologist colleagues, as ACOG recognizes CNMs as "independent providers" who are "experts" in their field of practice.[8] Moreover, autonomous practice has no negative implications for patient safety. The midwifery outcomes previously discussed are constant across regulatory structures and are the result of the midwifery model of care, not state-mandated relationships with physicians.

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and Physicians: A Systematic Review, 1990 to 2008. *Women's Health Issues* 22-1 (2012) e73–e81.

[3] Estimate based on the cost of vaginal and cesarean births in "The Cost of Having a Baby in the United States," available at: http://transform.childbirthconnection.org/reports/cost/ (cost figures inflated to 2013 dollars by the Medicare Economic Index). Estimate takes into account the percent of births covered by Medicaid, commercial and self-pay, as reported by the CDC at: http://www.cdc.gov/nchs/data_access/vitalstats/vitalstats_births.htm. Estimate assumes 80% of women are appropriate for midwifery care.

[4] American Congress of Obstetricians and Gynecologists. 2014 ACOG Workforce Fact Sheet: Kansas. http://www.acog.org/~/media/Departments/Government%20Relations%20and%20Outreach/WF2011KS.pdf?dmc=1&ts=20131107T0512532758. Accessed January 22, 2015.

[5] Eugene Declerq et al, "State Regulation, Payment Policies, and Nurse-Midwife Services," *Health Affairs* 17 (1998): 190-200.

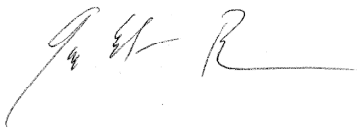
[6] American College of Nurse-Midwives. Independent Midwifery Practice. April 2012.

[7] American College of Nurse-Midwives. Collaborative Agreement between Physicians and Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs). December 2009.

[8] American College of Nurse-Midwives and American Congress of Obstetricians and Gynecologists. Joint Statement of Practice Relations between Obstetricians-Gynecologists and Certified Nurse-Midwives/Certified Midwives. March 2011.

S.69 is a vitally important bill with positive, far-reaching implications for Kansas' health care workforce, maternal-child health outcomes, and health care expenditures. Now more than ever, the high quality care and lower costs associated with midwifery care matters. And perhaps more importantly, midwives matter to the mothers and babies of Kansas. I urge you to help expand and improve access to midwifery care by supporting S.69.

Respectfully,



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