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Representative Dan Hawkins
Chair, House Health and Human Services Committee
Kansas State Capitol
300 SW 10th Street, Room 521-E
Topeka, KS 66612

Re: Education, Certification, and Licensure of Certified Nurse-Midwives

Hello, Chairman Hawkins and members of the Committee on Health and Human Services. I appreciate the opportunity to speak to you today regarding HB 2732 and some problems within this bill language related to the preparation, scope of practice, and licensure of nurse-midwives in the State of Kansas. My name is Cara Busenhart. I am a practicing Certified Nurse-Midwife in Wyandotte County and a resident of Johnson County. I provide prenatal and birth care, postpartum and newborn care, and women's health services to women with public insurance and those that are uninsured in Kansas City, Kansas. I am also the Program Director for the only nurse-midwifery education program physically housed in our state.

I would like to talk with you today about several areas of HB 2732 that are problematic. The problems relate to:

- The definition of independent midwifery (in Section 2)
- Scope of practice of Certified Nurse-Midwives (also in Section 2)
- Licensure or authorization to practice by two regulatory boards (Section 3)

Definition of Independent Midwifery: The "definition of independent midwifery" in HB 2732 is reflective of the practice of "direct entry midwives" in Kansas, not the practice of Certified Nurse-Midwives. Direct entry midwives are providing care to women of childbearing age during labor, birth, and postpartum. And the direct entry midwives pride themselves in being experts in out-of-hospital birth. There is a distinct difference in direct entry midwives and nurse-midwives. There is no educational requirement for a direct entry midwife in Kansas—they are not required to have a high school diploma or degree. In contrast, CNMs are educated in two disciplines: midwifery and nursing. They earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass a national certification examination administered by the American Midwifery Certification Board (AMCB) to receive the professional designation of CNM. Additionally, the overwhelming majority of CNMs provide care in hospitals, clinics, and freestanding birth centers to women across the lifespan.

The inconsistent use of "nurse-midwifery" and "midwifery" is vague and troublesome. When speaking of the practice provided by Certified Nurse-Midwives, it would be best practice to use the term "nurse-midwifery".

Scope and Standards of Practice: The nurse-midwifery curriculum prepares nurse-midwives to practice as advanced practice midwifery practitioners, with a foundation in nursing and midwifery. The curriculum is based on the *Core Competencies for Basic Midwifery Practice* (ACNM), which "include the fundamental knowledge, skills,

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and behaviors expected of a new practitioner". Nurse-midwifery education requires students to master an extensive set of core competencies necessary for the safe and independent provision of midwifery services: educational experiences include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy, and birth, as well as care of the normal newborn. Core curriculum includes science-based courses in Advanced Pharmacology, Advanced Pathophysiology, and Advanced Health Assessment. Upon completion of a competency-based education, the individual, the profession, and the public are assured that the new graduate nurse-midwife possesses the competencies necessary for practice and is prepared and competent to be a health care provider for women, families, and newborn infants.

The scope of practice for independent nurse-midwifery in HB 2732 is very limiting, as it only speaks to the care during pregnancy and birth. Midwifery as practiced by certified nurse-midwives encompasses a full range of primary health care services for women from adolescence to beyond menopause. These services include the independent provision of primary care, gynecologic and family planning services, preconception care, care during pregnancy, childbirth and the postpartum period, care of the normal newborn during the first 28 days of life, and treatment of male partners for sexually transmitted infections. Midwives provide initial and ongoing comprehensive assessment, diagnosis and treatment. They conduct physical examinations; prescribe medications including controlled substances and contraceptive methods; admit, manage and discharge patients; order and interpret laboratory and diagnostic tests and order the use of medical devices. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. CNMs must practice in accordance with ACNM *Standards for the Practice of Midwifery*.

Licensure: Licensure and regulation of CNMs in the State of Kansas currently resides within the State Board of Nursing. In Kansas, CNMs are required to be licensed as both an RN and an APRN. Board of Healing Arts oversight of the advanced practice functions of a CNM would leave RN licensure under the jurisdiction of the Board of Nursing. This complicated and burdensome regulatory system would not provide efficient regulation and has not been shown to improve patient safety.

Nursing regulation and oversight of CNM practice is in keeping with the National Council of State Boards of Nursing's (NCSBN) Consensus Model. This model provides that advanced practice nursing professions be self-regulating and therefore not be regulated by Boards of Medicine. Specifically, the Model states that Boards of Nursing "will be solely responsible for licensing Advanced Practice Registered Nurses." The Institute of Medicine (IOM) endorsed the model in their landmark 2011 "Future of Nursing" report and encourages state legislatures to adhere to the Model as well. Ideal nurse-midwifery regulation should include an advanced practice nursing regulatory authority with adequate statutory powers to effectively regulate nurse-midwives, support autonomous nurse-midwifery practice and enable the nurse-midwifery profession to be recognized as an autonomous profession.

Again, I thank you for allowing me this opportunity to share how nurse-midwives are educated, accredited, certified, and licensed. Please call on me for any questions that you may have regarding these topics.

Thank you,

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