



March 14, 2016

Written Testimony in Opposition to H. 2732: An Act Concerning certified nurse-midwives, related to scope of practice; licensure.

Honorable Chairman Hawkins and members of the Health and Human Services Committee,

We are providing testimony on behalf of the American College of Nurse-Midwives (ACNM) Kansas Affiliate, the professional organization representing the interests of certified nurse-midwives (CNM) practicing in the State of Kansas, in regards to H. 2732.

Nurse-midwives, individuals that practice as a specialized role of Advanced Practice Registered Nurse (APRN), provide health care to women across the lifespan in a multitude of different locations and venues. Our care is also not limited to the care of pregnancy and/or delivery; in fact, we provide gynecologic, family planning, pregnancy, birth, postpartum, and preventive health services such as well woman visits to women. We also are educated and trained to provide care to well newborns up to 28 days of life. CNMs are providing quality, safe care in hospital, birth center, clinic, private practice, military facilities, and home settings in parts of our state. In fact, on a national basis 90% of certified nurse-midwives practice in a hospital setting. Unfortunately, H. 2732 does not include care of women for preventive health services and gynecological problems or care of the newborn.

H. 2732 as written would not impact the lack of obstetric providers in our state. This has serious implications for the delivery of women's health care services in Kansas, where 77 out of 105 counties lack access to an obstetrician-gynecologist. As discussed in the *Kansas Efficiency Study*, nurse-midwives can be instrumental in overcoming this shortage, but to do so regulation must enable CNMs to practice to the full extent of their education and training. The cost saving described in the report would not be realized without CNMs providing care to more women in Kansas.

A recent study in Women's Health Issues concluded that "States with regulations that support autonomous midwifery practice have a larger nurse-midwifery workforce, and a greater proportion of CNM attended births. Correlations between autonomous practice laws and better birth outcomes suggest future policy efforts to enhance access to midwifery services may be beneficial to pregnancy outcomes and infant health."

The regulatory structure proposed by this bill would not even be supported by our closest collaborators. Lack of autonomous practice would be inconsistent with the position of ACOG's Statement of Policy regarding practice relations between obstetricians-gynecologists and certified nurse-midwives issued by the ACOG Executive Board in 2011 and reaffirmed in 2014. This policy specifically establishes the position of ACOG that obstetrician-gynecologists and CNMs are independent providers with expertise and accountability. ACOG specifically supports full scope, autonomous practice for CNMs as qualified, accountable providers who work collaboratively in an integrated maternity care system. Any legislation

that negates, mitigates, or otherwise limits the scope of practice of CNMs contradicts ACOG's Statement of Policy and poses serious threat to access to health care by pregnant women in Kansas.

H. 2732 proposes regulation of CNM practice by the Board of Healing Arts and licensing by the Board of Nursing. This regulatory model has not been supported as a best practice for over 20 years. Furthermore, 2 of the 4 states with joint regulatory language are seeking to change this structure because it is overly cumbersome and ineffective. Indeed, the National Council of State Boards of Nursing's Consensus Model for APRN Regulation, which has been endorsed by the Institute of Medicine, the Federal Trade Commission and the National Governor's Association, among others, recommends that advanced practice nurses be self-regulating. The Board of Nursing should be the sole regulatory authority for APRNs which is the case in 38 states.

In our own state, we have a Supreme Court ruling from 1996 (*State Bd. of Nursing v. Ruebke*) that clarifies that midwifery is not the practice of nursing or medicine. Nurse-midwives, though, are professionals prepared in the disciplines of nursing and midwifery. We are not practicing, nor do we want to practice, medicine or surgery. Board of Nursing oversight of our nursing practice is appropriate and justified. As such, CNMs are required to be licensed as both an RN and an APRN in Kansas. With HB 2732, we would be required to have a third license to practice with additional costs and confusion.

We would consider adding language similar to that in Sect. 9 of H. 2732. A Joint Midwifery Committee consisting of CNMs and physicians in the same specialty to advise the Boards of Nursing regarding CNM practice could be added to H. 2280.

H. 2732 is not the result of collaborative compromise and, moreover, it fails to incorporate sound policy recommendations that have been proven to increase access to care, protect patient safety, and reduce health care expenditures. It is the position of the Kansas Affiliate of ACNM that safe, quality health care can best be provided to women and their infants when policy makers develop laws and regulations that permit CNMs to provide autonomous midwifery care within their scope of practice while fostering interprofessional collaboration.

H. 2280, which was introduced by the Kansas Affiliate ACNM in March of 2015, reflects the above philosophy. H. 2280 also provides a mechanism to grant independent practice to certified nurse-midwives and in the process would expand access to high quality and high value midwifery care. As has been the situation in other states which pass full practice authority for CNMs, legislators are called upon to make a public policy decision. Is the practice of certified nurse-midwives the practice of medicine or the practice of advanced practice nursing?

H. 2732 also circumvents ongoing negotiations between Kansas ACNM and KMS in regards to H.2280. . These negotiations represent a good faith effort from both parties to mutually agree upon standards for midwifery regulation. These discussions have been underway for several months and we respectfully request that these negotiations be allowed to reach their natural conclusion. We expect a response from KMS to our most recent suggested language shortly.

Sincerely,

Kansas Affiliate of the American College of Nurse-Midwives, Board of Directors