Senator Mary Pilcher-Cook
Chair, Senate Public Health and Welfare Committee
Kansas State Capitol
300 SW 10th Street, Room 441-E
Topeka, Kansas 66612

Re: Opposition of Senate Bill 218 Advance Practice Nurse

Greetings Senator Pilcher-Cook and Esteemed Members of the Public Health and Welfare Committee;

Thank you for this opportunity to address my opposition to SB 218. Over the last year I have been encouraged by many professionals, legislators and colleagues to press on in the effort to promote Advance Practice Registered Nurses (APRNs) full practice authority specifically for the Nurse-Midwives. I have personally met with Mr. Slaughter and Ms. Columbo of the Kansas Medical Society (KMS) regarding the current APRN bill SB 69/HB 2122. It appears that SB 218 is a knee jerk response to disrupt these bills.

During our meeting in January with KMS, we all listened intently, engaged in conversation and heard the KMS priorities and concerns regarding the APRN's bill, I specifically addressed Nurse-Midwives, and reviewed current regulations that are already in place with the Kansas Department of Health & Environment (KDHE). Ms. Mary Blubaugh, Executive Director of the Kansas State Board of Nursing (KSBON) was also present. I left them meeting encouraged. The request to define APRN's classified as nurse-midwives including scope of practice and public safety seemed simple. A sample draft of the definition, scope and written plan for safety was sent to Mr. Slaughter, and Ms Columbo that same night in email, as we discussed that day. Since that meeting, I have had no response.

As a native of Wichita, born at St. Francis hospital, I was very disappointed to learn that several emails were sent from KMS that were against APRN, specifically nurse-midwives to many of my friends and family. These emails read that nurse-midwives perform surgery, reproductive care and attend high-risk clients. Sadly, this misrepresentation to the community causes a lot of negative disruption and unnecessary public concern. These emails were false and did not even include reference to the bills.

I think it is vitality important to understand, no APRN claims to be a physician. We are not trained to be physicians, and we are not licensed to be physicians. We are nurse practitioners as defined by the KSBON.

APRN's classified as nurse-midwives are trained as experts in normal, natural birth. Midwifery is one of the oldest professional on earth. The word "midwife" means "with woman". One can read about midwives and their political activism for public safety in the second chapter of the bible.

> *The kind of Egypt said "When you help the Hebrew women give birth, kill the baby if it is a boy; but if it is a girl, let it live".*
> *But the midwives were God-fearing and so did not obey the king; instead, they let the boys live. They were heard saying "those Hebrew woman gave birth too fast".*
> Exodus 1:15 -16.

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The profession of midwifery still exists today. According to Kansas Vital Statistics in 2013 the APRN's classified as Nurse-Midwives delivered more KAN CARE babies than physicians. Most Nurse-Midwives in Kansas have hospital privileges, and deliver babies in the hospital. Practicing Midwifery, is NOT practicing medicine, its caring for women.
As ridiculous as it seems, I must ask the question, when a physician cares for a woman in labor or as she ages, are they practicing medicine or midwifery?

In closing, our professional organizations have developed a joint statement on practice relations. It reads:

> The American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurse-Midwives (ACNM) affirm a shared goal of safe women's health care in the United States through the promotion of evidence-based models. ACOG and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among providers. Ob-gyns and nurse-midwives are experts in their respective fields of practice and are educated, trained, and licensed, independent providers who may collaborate with each other based on the needs of their patients. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust, as well as professional responsibility and accountability.

The actions and purpose to promote SB 218 lacks respect, trust and professionalism, therefore I am requesting you reject Senate Bill 218.

Respectfully,

Catherine Gordon, CNM-BC FNP-BC
Co-Founder, Clinical Director New Birth Company

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