



February 12, 2021

The Honorable Brenda Landwehr  
Chair, Health and Human Services Committee  
Capitol Office  
Room: 352-S  
Topeka, Kansas 66612-1504

***Re: Support for H.B. 2256***

Dear Representative Landwehr:

On behalf of the Kansas Affiliate of the American College of Nurse-Midwives, I am pleased to provide testimony in **support** of H.B. 2256, an Act Concerning Advanced Practice Registered Nurses, and urge its passage. ACNM is the professional association that represents Certified Nurse-Midwives (CNMs) and Certified Midwives (CMs) in the United States. With roots dating to 1929, ACNM sets the standard for excellence in midwifery education and practice in the United States.

ACNM and its members stand for improving and increasing access to quality care and coverage for women throughout the lifespan. ACNM supports common-sense policy solutions that ensure women, individuals and families have guaranteed health coverage and access to a full range of essential health services and healthcare providers under Medicare and Medicaid, and individual and family health insurance plans.

It is no secret that the United States has the highest maternal mortality rate in the industrialized world and a majority of these deaths are preventable.<sup>1</sup> Studies show that better integration of midwives across the healthcare continuum is integral to addressing nationwide maternity and primary care shortages, improving maternal and neonatal outcomes and reducing maternal mortality; however, many national and state maternity care policies have largely overlooked the midwifery model of care as a potential strategy to achieve significant improvement in the quality, experience and cost of maternity care. Efforts to improve access and health outcomes across the care continuum, should include enhanced access to the midwifery model-of-care. Removal of barriers to practice for midwives across state health systems, including restrictive supervisory and collaborative practice requirements, lack of independent prescribing privileges, and restrictions on hospital credentialing, is necessary to ensure high-value and equitable access to healthcare. As such, a key priority for ACNM is to expand access to, and parity within, the midwifery model of care as provided by the thousands of CNMs and CMs our organization represents. ACNM believes that high-value care can be achieved by supporting patient-centered, evidence-based practices within a collaborative and team-based practice environment.

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Midwifery as practiced by Certified Nurse-Midwives encompasses a full range of primary health care services for women from adolescence 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. CNMs are licensed, independent health care providers with prescriptive authority in all 50 states, the District of Columbia, American Samoa, Guam, and Puerto Rico. CNMs are defined as primary care providers under federal law. Medicaid reimbursement for CNM care is mandatory in all states. Medicare and most Medicaid programs reimburse CNMs at 100% of physician rates. Most states also mandate private insurance reimbursement for midwifery services. Midwifery care also includes health promotion, disease prevention, and individualized wellness education and counseling. These 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.

Certified Nurse-Midwives 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. Certified Nurse-Midwives must demonstrate that they meet the *Core Competencies for Basic Midwifery Practice* of the American College of Nurse-Midwives (ACNM) upon completion of their midwifery education programs and must practice in accordance with *ACNM Standards for the Practice of Midwifery*. ACNM competencies and standards are consistent with or exceed the global competencies and standards for the practice of midwifery as defined by the International Confederation of Midwives. To maintain the designation of CNM, a midwife must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

H.B. 2256 would lift the restrictive collaborative practice requirement currently hindering CNMs and other advanced practice registered nurses (APRN) from practicing to full extent of their education, training and certification in Kansas. CNMs and APRNs are capable of sound clinical decision-making to ensure that patients in their care get the right care at the right time from the right provider. Mandated collaborative practice agreements create a hierarchy that is adverse to team-based care and inhibit access to care for women in rural and underserved areas and for women who proactively choose the midwifery model-of-care.

The benefits of autonomous practice for APRNs are well-established and consistent with the evidence-based recommendations of the National Academy of Medicine.<sup>ii</sup> Furthermore, a 2018 report from the U.S. Department of Health and Human Services, U.S. Department of the Treasury, and the U.S. Department of Labor recommends that states consider changes to restrictive scope-of-practice statutes to allow all healthcare providers to practice to the top of their license, utilizing their full skill set.<sup>iii</sup> By eliminating the substantial impetus for CNMs and other APRNs practicing in these designated areas to obtain a collaborative practice agreement with a physician before providing care within their skills, education and scope of practice to clients or patients, H.B. 2256 will advance public safety and access to quality care by advancing

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full practice authority for CNMs and other APRNs. Specific to midwifery, ensuring CNMs may practice to the full extent of their professional scope, skills and education, without the costly and anticompetitive encumbrances associated with having to obtain a written collaborative practice agreement may be considered to advance CNMs full practice authority. H.B. 2256 eliminates collaborative practice requirements for CNMs and its passage is an important stepping stone to improving maternal and neonatal outcomes, increasing access, and reducing costly and unnecessary regulations that are a barrier to care.

Women's access to quality maternity care is a significant challenge in rural America.<sup>iv</sup> The expansion of the midwifery model-of-care is a key strategy to improving access to care and health outcomes for women and childbearing families in Kansas. Access to timely prenatal care and labor and delivery services continue to be a barrier for many women in rural and urban areas nationwide. Kansas is a substantially rural state with increasing needs in both maternity and primary care and its citizens could benefit substantially from expanded access to care provided by highly skilled CNMs and APRNs.

We appreciate the opportunity to provide comments in support of this important legislation. We stand ready to work with both the committee and legislature to prioritize the health care of women and newborns through development of laws and regulations that support access to affordable coverage and the excellent care that Certified Nurse-Midwives can provide. Please don't hesitate to contact us with any questions or concerns.

Sincerely,

KS ACNM Board of Directors

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<sup>i</sup> <https://www.thelancet.com/action/showFullTableHTML?isHtml=true&tableId=tbl1&pii=S0140-6736%2816%2931470-2>

<sup>ii</sup> See in particular Shalala D et al. The future of nursing: leading change, advancing health. The National Academies, Oct. 5, 2010. <http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx> , retrieved February 6, 2019.

<sup>iii</sup> <https://www.hhs.gov/sites/default/files/Reforming-Americas-Healthcare-System-Through-Choice-and-Competition.pdf>

<sup>iv</sup> Maron DF. Maternal health care is disappearing in rural America. Scientific American. Feb. 15, 2017. <https://www.scientificamerican.com/article/maternal-health-care-is-disappearing-in-rural-america/> , retrieved March 7, 2017.