February 11, 2021

TO: KS Senate Committee on Public Health and Welfare
RE: SB 174 and Certified Nurse-Midwife Scope of Practice

Dear Honorable Senators:

I am writing as a past president of the American College of Nurse-Midwives, a licensed midwife for 40 years, a lifelong resident of KS, and founder and principal consultant of the largest consulting firm for advanced practice nurse-midwives in the US, Grow Midwives LLC. We consult with large academic centers, community-based hospitals, privately owned physician practices, schools of nursing to establish graduate programs, and midwives starting their own practice.

As you know, SB 174 passed the KS House last year. This bill has no financial impact on the state or its oversight boards. However, it may be viewed as encroaching on the economic market derived from a consumer choice in the services of an independently practicing Midwife. It is unfortunate we live in a country where professionals and policy can create restraint of trade barriers that become divisive over what should be an integrated cadre of health care professionals – all allowed to practice at the highest level of their education and training.

Educated, regulated and integrated midwives in the UK provide over 50% of all births and are the gatekeeper to ALL pregnant women. Midwives outnumber ob/surgeons by 3:1 with over 30,000 practicing midwives and 1,500 ob's. In the US we see the opposite with less than 10,000 actively practicing CNMs and over 30,000 ob/gyns. A hundred years of data demonstrate the UK independent midwives provide exceptional care to healthy women with outcomes far superior to US maternal morbidity and mortality, noting that over 80% of US births are attended by physicians.

What is it we are most fearful of in granting advanced practice provider autonomy graduates are educated to provide? Particularly when decades of high-grade evidence show value, reduced cost of care, high satisfaction and in some cases, improved outcomes over physician led care. Some would say it is about power and control – some sort of requisite oversight to reduce potential for harm. Some would say it is years of education – midwives are not required to put in the time and meet highest standards to render care to healthy women. And others would suggest that the educational standards set by the national certifying board is not enough

– we must require additional supervision before independent practice without any evidence of truth. In reality merely creating another hurdle to professional practice.

What does the national organization that represents OB/GYNs in the US say? In 2011, the American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives released a joint statement advocating for a health care system in which obstetrician/gynecologists and nurse-midwives collaborate to optimize women's health care. The statement recognizes that nurse-midwives are **"experts in their respective fields of practice and are educated, trained, and licensed independent clinicians."** More than half of all states allow nurse-midwives to practice without physician oversight. **There is sound evidence for ACOG to have rendered this national statement in 2011, and of note - with each revision to the joint statement, the statment has stood the test of time.**

Midwifery-led models of care are dominant in other industrialized nations — all of which have lower health care costs than the United States. Evidence suggests the midwife-led model is consistent with the likelihood that expanded midwifery care would reap economic benefits to Kansas. Regulatory decisions regarding professional licensure, regulatory language, and scope of practice is critical in how these laws impact health care access, quality, productivity, and costs for the state.

The world is dealing with unprecedented challenges from COVID-19. Unfortunately, the strains on our health systems and the difficulties are not being born equally by the population – pregnant women in particular still require competent and compassionate labor, birth and postpartum care. Midwives are being sought by numbers never before seen for maternity care. Due to COVID, the Kansas Governor temporarily suspended all practice agreement requirements for APPs. Implementation was based on two key factors: a) completion of an accredited program, and b) evidence of national board certification. In the majority of restrictive practice states those suspension orders are still in place. One has to ask why US state variances exist? Isn't a doctor a doctor, a lawyer a lawyer, and a Registered Nurse a Registered Nurse, regardless of what state you live in?

It is past time to mainstream midwifery in the US and in Kansas. When multiple national organizations support full scope, independent practice, and while over half the nation has moved CNMs to this expanded role, with California most recently approving independent practice in 2020, it is time for *Kansas to either demonstrate why not* ***with evidence*** or change.

Take away questions for KEY reference:

- What other US health professionals require a Transition to Practice? Answer – NONE
- Do cardiologists have consultation agreements with cardiovascular surgeons for possible need to transfer to higher levels of care? Answer – NO
- Is there any evidence that demonstrates restrictive states where Advanced Practice Providers work are safer states to receive care? – Answer NO
- Have there been any disciplinary cases by CNMs during the Executive Order to lift the collaborative practice agreement requirement due to COVID in 2020? Answer NO

The time has come for KS to join in supporting independent practice regulations for midwifery in the United States. The KS House just last year believed this to be true! This critical step will grow the Kansas maternal health workforce and augment needed improvements in maternity and women's health care. Thank you for your consideration and support.

Sincerely,

Dr. Ginger Breedlove

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"Scaling Up and Sustaining Midwifery"