

## Understanding Transition to Practice Language in State Legislation

In recent years there has been a considerable increase in the number of bills that include “transition to practice” (TTP) language. This model typically requires licensees to complete supervised periods of practice before attaining independent status. Supervision can apply to overall practice or a segment of practice, such as prescriptive authority. The most common time period is 2 years and/or 2400 hours of work under a physician or independent APRN, depending on the state. TTP language may apply to both new and experienced CNMs depending upon how the law is written. TTP requirements are distinct from the concept of a residency program and should not be confused with this model.

TTP has been integrated into numerous bills as compromise language, usually at the insistence of state medical societies. In conversations with affiliate leaders and lobbyists in states with new or pending TTP language, all have stated that failure to accept TTP requirements would have negatively affected their odds of success. Legislators seem to like this compromise because it creates a path toward independence while also responding to the patient safety arguments put forth by the medical societies. It is acknowledged that the TTP language does not align with the consensus model for APRN legislation that has been developed by the APRN community. (See: <https://www.ncsbn.org/aprn.htm>)

States with current TTP language have reported mixed experiences. While some of ACNM’s affiliates report that the compromise does not appear to be a barrier to practice, other states report that TTP language has created a significant barrier to recruiting a robust midwifery workforce.

The unknown long-term effects of TTP language versus its short-term benefit as effective compromise language makes the model a challenging policy issue to consider. For this reason, ACNM encourages its affiliates to carefully assess the unique policy environments in their states before taking a position on TTP compromises. Factors to consider include:

### PROS:

- Accepting this language has been one reliable way to move full practice authority bills in recent sessions in numerous states.
- TTP still allows for a path to eventual autonomous practice.
- Some new graduates have reported that they like TTP language because it offers an extra layer of oversight and instruction.

### CONS:

- Creates the possibility of significant workforce implications in the future if graduates prioritize states without TTP requirements.
- Gives the impression that new graduates need additional oversight and instruction when completion of a midwifery education program and national certification should be sufficient to speak to competency.
- TTP language is not entirely aligned with the Consensus Model.
- TTP models may apply to seasoned CNMs who are used to practicing in an autonomous fashion.
- Anecdotal evidence exists that the model is a barrier to licensure.
- TTP requirements could pose a significant problem for small practices that need to have new CNM employees begin independent practice immediately and do not have available staff to provide supervision. The requirements could also affect locum tenens employment arrangements.