



June 17, 2016

Robert A. McDonald  
Secretary  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420  
Letter submitted via [www.regulations.gov](http://www.regulations.gov)

**RE: Advanced Practice Registered Nurses – Proposed Rule**

Dear Secretary McDonald:

On behalf of the American College of Nurse-Midwives (ACNM), the national professional association for certified nurse-midwives (CNMs) and certified midwives (CMs) I am pleased to submit these comments in response to the proposed regulation published by the Veterans Administration (VA) in the *Federal Register* on May 25, 2016 regarding Advanced Practice Registered Nurses. We hope you find our comments helpful and look forward to your response in the final document.

**GENERAL COMMENTS**

ACNM is strongly supportive of the content of the proposed rule. Our nation's veterans deserve access to quality healthcare in a timely manner. The proposed rule will provide the VA needed flexibility to ensure this occurs.

A significant body of research exists demonstrating the quality, safety and cost effective nature of care delivered by CNMs and CMs. For example, a recent systematic review concluded that:

Care by CNMs has been shown to be safe and effective. Based on CNMs' conceptualization of birth as a natural process and the increasing scrutiny of using invasive interventions, CNMs are well-positioned to influence maternity care practices that can optimize maternal and neonatal outcomes. Moreover, they should be better utilized to address the projected health care workforce shortages.<sup>1</sup>

Our nation's veterans will be well served by increased access to CNM services and this proposal does much to accomplish that goal. We strongly support the VA's proposal to hire APRNs, including CNMs, and provide them with full practice authority.

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<sup>1</sup> Meg Johantgen, PhD, RN., et al., "Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians: A Systematic Review, 1990 to 2008," in *Women's Health Issues*, 22-1 (2012), e73-381.

## SPECIFIC COMMENTS

### 38 CFR 17.415(a)

ACNM's professional documents support the provisions of proposed 17.415(a). ACNM's Position Statement entitled "Overview of Principles for Licensing and Regulating Midwives in the United States" specifically endorses accredited education, national certification, and licensure as prerequisites for midwifery practicing.<sup>2</sup>

ACNM's statement on "Competencies for Master's Level Midwifery Education" states that "In order to develop knowledge, skills, and competencies that improve the health care and outcomes of women and newborns, the midwifery profession has determined that education for midwives must be at the graduate level."<sup>3</sup> CNM and CM graduate level educational programs are accredited by the Accreditation Commission for Midwifery Education, which is recognized by the Department of Education as the appropriate body for such work.

Certification as either a CNM or CM is offered by the American Midwifery Certification Board (AMCB), which administers an examination meeting the requirements of 17.415(a)(2). Certifications must be maintained through ongoing efforts, as envisioned in 17.415(a)(4)

The standards of the profession thus fall nicely in line with proposed 17.415(a) and ACNM strongly supports its inclusion in the final regulation.

### 38 CFR 17.415(b)

ACNM's "Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives" states that midwifery practice includes "...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." [emphasis added].

A joint statement by ACNM and the American College of Obstetricians and Gynecologists (ACOG) states that "Ob-gyns and CNMs/CMs 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." [emphasis added]

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<sup>2</sup> American College of Nurse Midwives, "Overview of Principles for Licensing and Regulating Midwives in United States," March 2014. Available at: <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000288/Principles-for-Licensing-and-Regulating-Midwives-in-US-Overview-3-25-14.pdf>

<sup>3</sup> American College of Nurse Midwives, "Competencies for Master's Level Midwifery Education," December 2014. Available at: <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000291/Competencies-for-Master's-Level-Midwifery-Education-Dec-2014.pdf>

An ACNM review of state law and regulations found that among US states and the District of Columbia, a majority provide CNMs with full practice authority.

The VA's proposal, with regard to full practice authority, is thus already widely supported by the pertinent law and regulation and the affected professions. ACNM strongly supports this provision.

#### 38 CFR 17.415(d)(iv)

ACNM's "Definition of Midwifery and Scope of Practice of Certified Nurse-Midwives and Certified Midwives" states that:

Midwifery as practiced by certified nurse-midwives (CNMs®) and certified midwives (CMs®) 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.

This definition accords nicely with the services identified at proposed 17.415(d)(iv). ACNM supports this proposed provision.

#### 38 CFR 17.415(e)

Although a majority of states and the District of Columbia have granted full practice authority to CNMs, a significant number have yet to do so. Consequently, the proposal at 17.415(e) to preempt state law and ensure the full utilization of CNMs within the VA system is strongly supported by ACNM. Doing so will ensure uniformity within the VA system, rather than a fragmented approach that will be difficult to administer and confusing to VA employees and beneficiaries.

### **ADDITIONAL COMMENTS**

We wish to encourage the VA to expand its proposal to make provision for the hiring of Certified Midwives (CMs).<sup>4</sup>

Certified Midwives, like CNMs, earn graduate degrees, complete a midwifery education program accredited by the Accreditation Commission for Midwifery Education (ACME), and pass the same national certification examination as do CNMs, administered by the American Midwifery Certification Board (AMCB).

CNMs and CMs must demonstrate they meet the ACNM's Core Competencies for Basic Midwifery Practice upon completion of their midwifery education programs and must practice in

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<sup>4</sup> The early draft of the revised handbook to which we refer is available at: <https://www.asahq.org/~media/For%20Members/Advocacy/VHA%20Nursing%20Handbook%20-%20Final%20Draft.pdf> Last accessed February 12, 2014.

accordance with ACNM Standards for the Practice of Midwifery.<sup>5</sup> 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.<sup>6</sup> To maintain the designation of CNM or CM, midwives must be recertified every 5 years through AMCB and must meet specific continuing education requirements.

The key difference between these two groups is that CNMs are educated in the disciplines of nursing and midwifery, while CMs are educated in the discipline of midwifery. CMs are currently licensed by New York, New Jersey, and Rhode Island and are authorized to practice by permit in Delaware. Recent changes in law will make it possible for them to practice in Maine as well.<sup>7</sup>

CNMs and CMs are equally capable of full practice authority in providing care as midwives. We therefore respectfully request that the VA modify the final regulation to recognize Certified Midwives (CMs) as providers who can deliver care to our veterans, under the same conditions allowed for CNMs.

## CONCLUSION

We thank you for the opportunity to comment on the proposed regulation. Should you have any questions regarding our comments, please reach out to me directly.

Sincerely,



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<sup>5</sup> ACNM's "Core Competencies for Basic Midwifery Practice" is available at: <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000050/Core%20Comptencies%20Dec%202012.pdf> The "Standards for the Practice of Midwifery," are available here: [http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000051/Standards for Practice of Midwifery Sept 2011.pdf](http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000051/Standards%20for%20Practice%20of%20Midwifery%20Sept%202011.pdf) Last accessed February 12, 2012.

<sup>6</sup> For a comparison between ICM and ACNM standards, see the gap analyses available at: <http://www.midwife.org/index.asp?bid=59&cat=13&button=Search&rec=285>

<sup>7</sup> For a chart showing the distinction between CNMs, CMs and another category of midwives known as Certified Professional Midwives, see the chart available here: <http://www.midwife.org/acnm/files/cclibraryfiles/filename/000000001031/cnm%20cm%20cpm%20comparison%20chart%20march%202011.pdf> Last accessed on February 12, 2014.