



March 3, 2009

VIA FACSIMILE to: (402) 479-0914

Nebraska Legislature
Health and Human Services Committee
c/o Senator Tim Gay, Chairperson
State Capitol, Room 1402
P.O. Box 94604
Lincoln, NE 68509

Please add this correspondence to written hearing testimony on LB 457, LB 406 and LB 481.

Dear Senator Gay and Committee Members,

I am writing on behalf of the American College of Nurse-Midwives (ACNM) in strong support of companion bills LB 457, LB 406, and LB 481—related to certified nurse-midwife (CNM) practice—pending before the Health and Human Services Committee this session:

- ✚ **LB 457** removes the requirement that CNMs first procure a signed written practice agreement with a supervising physician in order to practice midwifery;
- ✚ **LB 406** disallows discrimination against CNMs in hospital privileging decision-making; and
- ✚ **LB 481** removes the prohibition on CNM home birth attendance.

Simply put, Nebraska's laws are in dire need of being modernized to align with current standards of CNM practice. Highly skilled providers of primary care services for women and their families, CNMs have completed extensive education, training, credentialing and certification. CNMs not only take care of women through pregnancy and childbirth, but also provide primary care, annual exams and cancer screening to women of all ages. Midwives have historically cared for those populations most at risk for health disparities. Current Nebraska restrictions on practice are so severe as to translate to a near-complete *de facto* ban on CNM practice, a result which surely cannot comport with legislative intent.

Discussion of Bills' Merits

LB 457—Independent Midwifery Practice

Midwifery practice is the independent management of women's health care, focusing particularly on common primary care issues, family planning and gynecologic needs of women, pregnancy, childbirth, the postpartum period and care of the newborn. It is important to note that *independent* should not be interpreted to mean *alone*, as there are clinical situations when any prudent practitioner would seek the assistance of another qualified practitioner. CNMs practice within a health care system that provides for consultation, collaboration, and referral, as indicated by the health of the client.

CNMs are primary care providers who are trained to work independently and, as needed, consultatively with OB/GYNs and other physicians. When interdependence is needed, it takes place along a well-defined spectrum of interaction so that midwives are able to freely consult with physicians on matters that are beyond their scope of practice, and to co-manage or transfer care, if appropriate.

There is no justification to require CNMs to be supervised by or have any signed written agreement with physicians in order to practice midwifery. Physicians do not need to execute signed written agreements with specialists to whom they refer clients.

Current Nebraska law is profoundly misguided as it places liability on the supervising physician for the midwife's actions or omissions, a primary reason physicians are understandably reluctant to sign collaborative agreements. ACNM believes strongly that midwives and physicians should work within their scope of practice and be held independently accountable.

LB 406—Non-discrimination in Hospital Privileges

A health care provider must have staff privileges to optimally provide appropriate care in a hospital setting. CNMs in Nebraska often face difficulties procuring hospital privileges despite abundant qualifications, a situation exacerbated by the supervisory collaborative agreement requirement in law. The accordance and delineation of clinical privileges ought to be determined on an individual basis commensurate with an applicant's education, training, experience, and demonstrated current competence.

There need to be reasonable, nondiscriminatory standards for the evaluation of an applicant's credentials. This bill will help to ensure that decisions on clinical privileges and staff membership are based on an objective evaluation of an applicant's credentials, free of anticompetitive intent or purpose.

LB 481—Home birth attendance by CNMs

Nebraska is one of only two states that precludes CNMs from attending home births. This prohibition is not supported by evidence-based research and should be lifted. Planned home birth for carefully screened, low risk candidates is demonstrably safe if birth is attended by a highly qualified, licensed professional working pursuant to ACNM's rigorous clinical practice guidelines.

Summary

Nebraska legislators can play an important role in improving health outcomes, quality care, and resource utilization by addressing barriers to evidence-based maternity and women's health care.

Approval of these bills is vitally important to our certified nurse-midwife members to be able to practice in Nebraska, and for other newly minted graduates as well as established practitioners in other states to be drawn to relocate to the state.

In this day and age when there are growing shortages of health care practitioners who can provide primary care services to women and their families, particularly in rural areas, Nebraska can ill-afford to continue to allow outmoded, patently unnecessary restrictions to impede the practice of highly qualified, licensed certified nurse-midwives.

Sincerely,



Joanna M. King, Esq.
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