ACNM 2022 Hill Day Talking Points

Target Meeting Duration: 25-30 Minutes
Introductions & Overview of ACNM (If there is more than one midwife per hill meeting, please designate a person to kick-off the meeting).

Begin your meetings with a brief round of introductions (i.e., all midwives will introduce themselves, where in the state they are from and where they work). After introductions, give a brief overview of the American College of Nurse-Midwives (ACNM) before highlighting personal stories and discussing ACNMs 2022 Hill Day Ask (Passage of the Midwives for MOMS Act!)

➢ ACNM is the professional association that represents certified nurse-midwives (CNMs) and certified midwives (CMs) in the United States.
➢ Both CNMs and CMs are advanced practice providers. Certified midwives differ from certified nurse-midwives (CNMs) only in that they are not also licensed as nurses. CMs and CNMs have the same master’s and/or doctorate level education, meet the same core competencies, sit for the same board exam, and have identical scopes of practice including prescriptive privileges.
➢ ACNMs members are primary health care clinicians who provide evidence-based midwifery care for women and gender-diverse people throughout the lifespan, with an emphasis on pregnancy, childbirth, gynecologic and reproductive health care.
➢ ACNM works to promote equity, diversity, and inclusion throughout the midwifery profession and across the care continuum to ensure better healthcare outcomes for the people midwives serve.
➢ As of August 2022, there are 13,888 CNMs/CMs in the U.S.
   o Visit: https://www.amcbmidwife.org/docs/default-source/reports/number-of-cnm-cm-by-state---august-2022.pdf?sfvrsn=dbde5477_0 to find out how many active midwifery certificants are in your state.
➢ Midwives promote healthy physiologic birth. By doing so, they help reduce the incidence of unnecessary cesarean sections and other interventions. Healthy physiologic birth means healthier moms and newborns, fewer complications and side-effects, and much lower health care costs.
➢ While CNMs and CMs are well-known for attending births, over 50 percent of CNMs/CMs identify reproductive care and over 35% identify primary care as main responsibilities in their full-time positions. Examples include annual exams, writing prescriptions, basic nutrition counseling, parenting education, patient education and reproductive health benefits.
➢ Numerous studies show that better integration of midwives practicing to the full extent of their education, clinical training and certification can help prevent maternal deaths, reduce racial disparities, improve maternal and neonatal outcomes, and improve access to health care.
ACNM Key Legislative Ask for 2022 Hill Day
Funding for Accredited Midwifery Education Programs to Improve Childbirth Outcomes

SPECIFIC ASK: Ask member or staff to co-sponsor the Midwives for Maximizing Optimal Maternity Services Act (H.R. 3352 in the House of Representatives and S. 1697 in the Senate).

- H.R. 3352/S. 1697 is Bipartisan, Bicameral legislation that would authorize federal funding streams specific to accredited midwifery education programs under Title VII and Title VIII of the Public Health Service Act to increase the number of nationally certified midwives available to women and gender-diverse people in the U.S.
- H.R. 3352 was introduced by House Maternity Care Caucus Co-Chairs Reps. Lucille Roybal-Allard (D-CA) and Jamie Herrera Beutler (pronounced But-ler) (R-WA).
- As of November 2022, H.R. 3352 currently has 55 co-sponsors.
- Visit: https://www.congress.gov/bill/117th-congress/house-bill/3352/cosponsors?q=%7B%22search%22%3A%5B%22h3352%22%5D%2C%22h3352%22%5D%7D&s=1&r=1&overview=closed#tabs to determine if your House member is a co-sponsor. Don’t forget to thank them if they are a co-sponsor.
- S. 1697 was introduced in the Senate by Senators Ben Ray Lujan (pronounced loo-hahn) (D-NM) and Lisa Murkowski (R-AK).
- As of November 2022, S. 1697 has 6 co-sponsors. We need more co-sponsors in the Senate.
- Midwives for MOMS is supported by over 75 national organizations, including: American Association of Birth Centers, American Nurses Association, Every Mother Counts, Association of Maternal & Child Health Programs, March of Dimes, National Association of Certified Professional Midwives, National Association of Nurse Practitioners in Women’s Health, National Association of Pediatric Nurse Practitioners, the National Partnership for Women and Families and all 63 nursing organizations that make up the Nursing Community Coalition.

What the Midwives for MOMS legislation does:
- The Midwives for MOMS Act establishes two new funding streams exclusively for accredited midwifery education programs, one in the Title VII Health Professions Training Programs and one in the Title VIII Nursing Workforce Development Programs.
- Existing accredited midwifery education programs, or colleges, universities, HBCUs or other minority-based institutions interested in establishing new midwifery education programs would be eligible to apply to the Health Resources and Services Administration for grant funding that could be used for:
  - Direct support of Student Midwives (i.e., midwifery programs would have to apply for grant funding to attract racially and ethnically diverse students to their respective programs).
  - Establishment or expansion of an accredited midwifery school or program.
  - Securing, preparing or providing support for increasing the number of preceptors at clinical training sites to precept students training to become a CNM or CM.
  - Funding will be prioritized for programs that effectively demonstrate during the grant application process that will use the funding to increase racial and ethnic representation among their student body and/or midwifery education faculty.

Why Midwives for MOMS is necessary:
- The causes for the escalating rates of maternal mortality and morbidity are complex but include a shortage of qualified and diverse health clinicians. To ensure that health care needs are met, we need a robust maternal health workforce who can support people throughout their
pregnancies, labor and delivery, and the postpartum period. Research has shown that people

tend to do better with providers that look like them.\(^1\)

- Culturally sensitive and racially congruent midwifery care is proposed as a solution for improving

  maternal and infant health. However, there are currently too few aspiring midwives of color entering the midwifery education programs in the United States.\(^2\)

- Midwifery’s future depends on the ability to attract Black, Brown, Indigenous and People of Color (BIPOC) and to provide meaningful and fulfilling professional opportunities for these groups.

- The aging of the nursing and midwifery workforce together with shifting demographics in the US (by 2050 the US population is projected to be majority “minority”, with the working-age population becoming more than 50 percent persons of color in 2039), and the ability to recruit and retain talent from all backgrounds will be critical to the success and advancement of the profession.\(^3\)

- Greater racial diversity in the health care workforce will help improve access to culturally appropriate care and the quality of patient-provider interactions for BIPOC and is an important intervention to help reduce the racial disparities that plague maternal and child health and disproportionately affect communities of color, many of which reside in primary care health professional shortage areas (HPSAs).

- Concerted efforts must be made to recruit, retain, and increase the number of BIPOC students in midwifery education programs and increase the number BIPOC midwives who provide care in rural, frontier, low resource, and underserved areas across the country.

- The cost of an accredited midwifery education is a barrier to many aspiring and prospective midwives. Investment in federal grant funding designated solely for accredited midwifery education programs is integral to making midwifery education a viable option for many communities, including those who identify as BIPOC.

- ACNM supports current congressional legislative efforts (e.g., passage of the Midwives for Maximizing Optimal Maternity Services Act, H.R. 3352/S. 1697) to increase the number the number of racially and ethnically diverse midwives, thereby diversifying the maternity care workforce with individuals who represent the lived and cultural experiences of the patients they serve.

➢ To learn more about Midwives for MOMS and to help raise awareness for H.R. 3352/S. 1697 and engage on social media, please visit our digital toolkit: https://drive.google.com/drive/folders/199DZChHWMaasyPBqTMWn6Ov8MP2HLpj?mc_cid=ee4acd2ca7&mc_eid=ced15fffd2c

Subsequent ACNM 2022 Hill Day Asks:

Support for:

- The BABIES Act, HR 3337/S 1716; and
- The Improving Care and Access to Nurses Act, HR 8812

Please Note: All materials/fact sheets/talking points supporting the Midwives for MOMS Act, the BABIES Act, and the Improving Care and Access to Nurses Act can be found in your hill day meeting portal via the Advocacy Associates App that was emailed to you. ACNM is laser focused on getting Midwives for MOMS over the finish line (i.e., passed or included in a bigger “must pass” package of bills) by the end of this year.
About ACNM Midwives:


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The American College of Nurse-Midwives (ACNM) is the professional association that represents advanced practice midwives (Certified Nurse-Midwives and Certified Midwives) in the United States. ACNM’s members are primary health care clinicians who provide evidence-based midwifery care for women and gender nonconforming people throughout the lifespan, with an emphasis on pregnancy, childbirth, gynecologic and reproductive health care. ACNM works to promote equity, diversity, and inclusion throughout the midwifery profession and across the care continuum to ensure better healthcare outcomes for the people midwives serve. The ACNM and its members stand for increasing access to advanced practice midwives and midwifery-led care models and support policy solutions that ensure guaranteed health coverage and access to a full-range of sexual and reproductive health services.

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1. [https://www.nber.org/papers/w24787](https://www.nber.org/papers/w24787)