Presentation to the Joint Legislative Oversight Committee on Health and Human Services, Midwives Subcommittee

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Why Are We Here?

Subcommittee Charge

"The Joint Legislative Oversight Committee on Health and Human Services shall appoint a subcommittee to study whether certified nurse-midwives should be given more flexibility in the practice of midwifery. In conducting the study, **the subcommittee shall consider whether a Certified Nurse-Midwife should be allowed to practice midwifery in collaboration with, rather than under the supervision of, a physician** licensed to practice medicine… who is actively engaged in the practice of obstetrics."

Ch. SL 2013-360, Section 12I.2.(a)

What is a Certified Nurse-Midwife?

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Certified Nurse-Midwives

- Certified Nurse-Midwives (CNMs) are Advanced Practice Registered Nurses (APRNs).
- Nurse-Midwives are licensed, independent health care providers with prescriptive authority in all 50 states.
- Nurse-Midwives are defined as primary care providers under federal law.
- The only legal midwifery provider in the state.

Education, Certification and Licensure

ACNM Criteria for Certified Nurse-Midwives[7]

1. Graduation from a formal education program in midwifery that is accredited by an agency recognized by the U.S. Department of Education.
2. Successful completion of a national certification examination in midwifery.
3. Legal authorization to practice midwifery in one of 50 states, District of Columbia, or US jurisdictions.

Education, Certification and Licensure

Education: There are 39 programs accredited by the American Commission for Midwifery Education (ACME).

1. ACME is recognized by the U.S. Department of Education as a accredited agency.
2. Each graduate must complete a Master's or Doctoral degree.
3. Nurse-Midwifery Program at East Carolina University established in response to provider shortage in NC.

Education, Certification and Licensure

Certification: The American Midwifery Certification Board (AMCB) grants the credential of Certified Nurse-Midwife

Licensure: Nurse-Midwives are licensed in all 50 states, D.C., and US territories, and practice on American military instillations around the world.

Nurse-Midwives in North Carolina

- Nurse-Midwives practice under the oversight of the Midwifery Joint Committee (MJC).
- The MJC is a joint committee of the N.C. Board of Medicine and the N.C. Board of Nursing.
- Nurse-Midwives must file a signed supervisory agreement with a physician to be granted an Approval to Practice by the MJC.

Problems with Supervisory Agreements

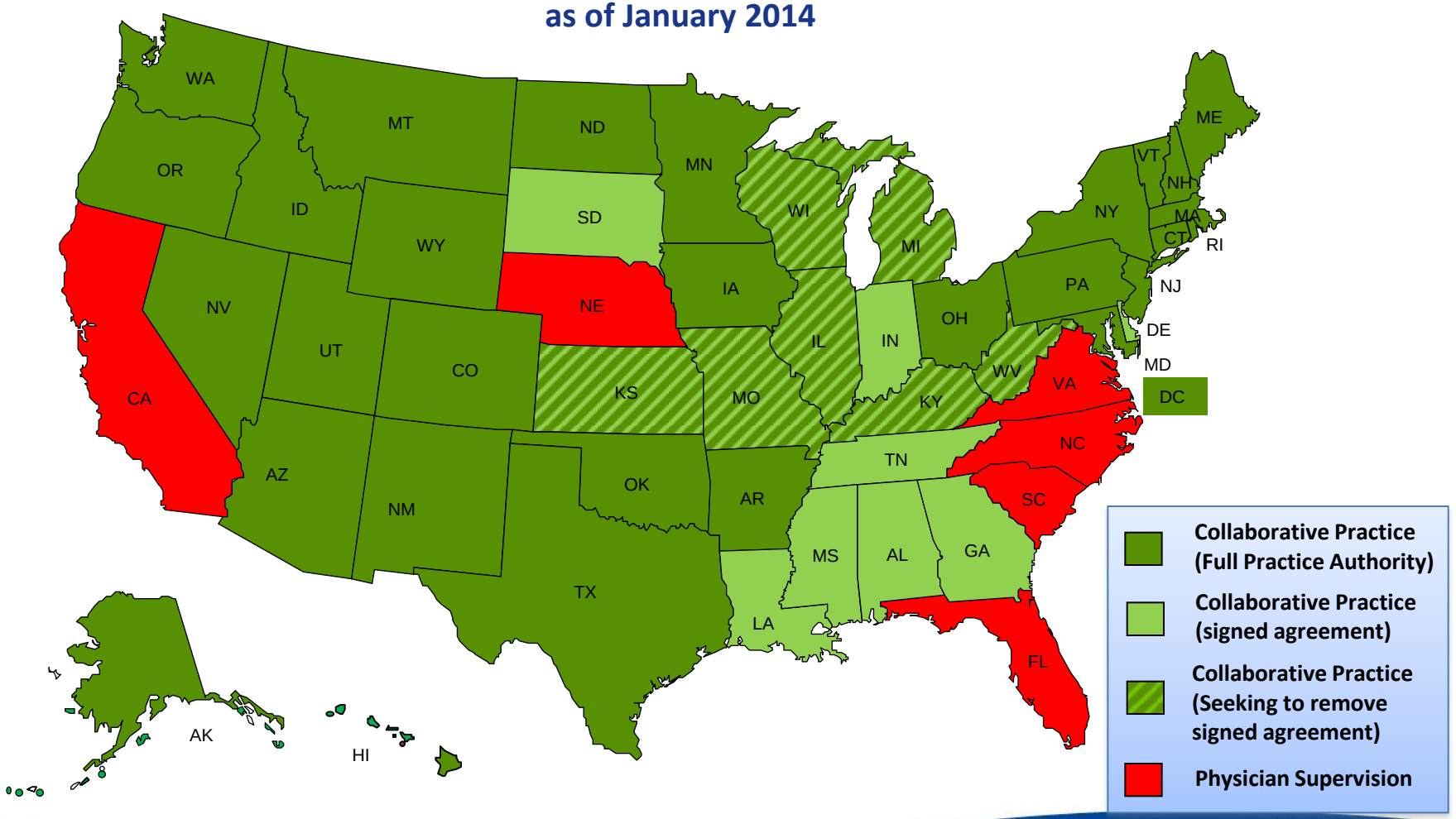
- Incorrectly implies on-site or in-person supervision, and that Nurse-Midwives need supervision to provide safe and effective care.
- Increases legal liability and malpractice insurance costs for signing physician, an understandably major disincentive.
- No grace period – if the supervisory agreement is revoked, the Nurse-Midwife loses their approval to practice **immediately.**

Problems with Supervisory Agreements

- Allows “supervising” physician to dictate terms of agreement by controlling ability to practice and keep businesses open.
- Discourages Nurse-Midwives from opening practices or Birth Centers in underserved areas.
- Puts patients at risk when disruptions occur (forced patient abandonment).

Practice Environments for Certified Nurse-Midwives

as of January 2014



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The State of our State

The current maternity system is not working as well as it could.

- North Carolina has higher rates of infant mortality (44th out of 50), low birth weight infants, and preterm delivery than the national average[6]
- The March of Dimes gives NC a "C" re: prematurity[5]
- 78 counties in the state are designated as Health Professional Shortage Areas (HPSAs)
- Health care costs are high and maternity care contributes significantly[9]

Removing Supervision Agreements…

Will allow CNMs to provide safe and effective care while:

- Increasing Access to Care
- Improving Outcomes
- Containing Costs

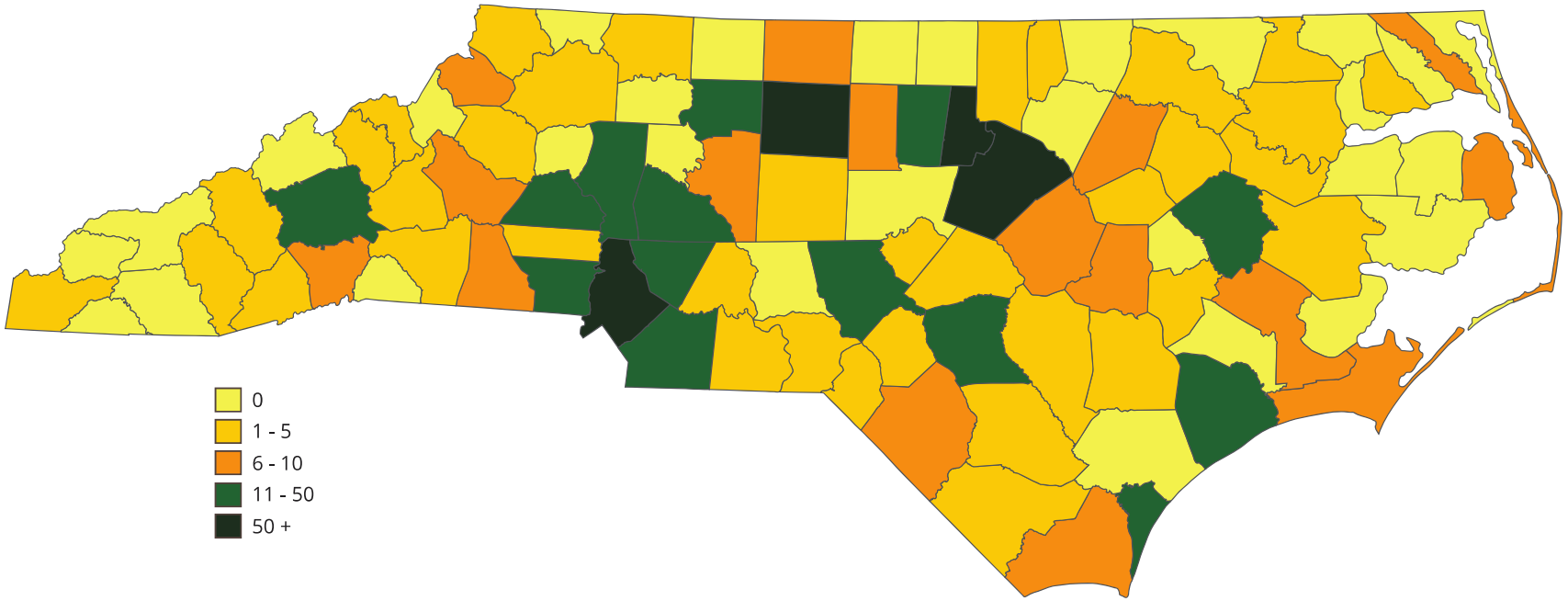
Access to Care

- The American College of Obstetricians and Gynecologists (ACOG) predicts a workforce shortage of obstetrician/gynecologists and recommends CNMs as part of the solution[8]
- States with favorable practice environments are associated with a larger supply of certified nurse-midwives[12]

Ob/Gyns in North Carolina

31 Counties = Zero Ob/Gyns
50 Counties = Less than 3 Ob/Gyns

Number of Practicing Obstetrician/Gynecologists in North Carolina by County



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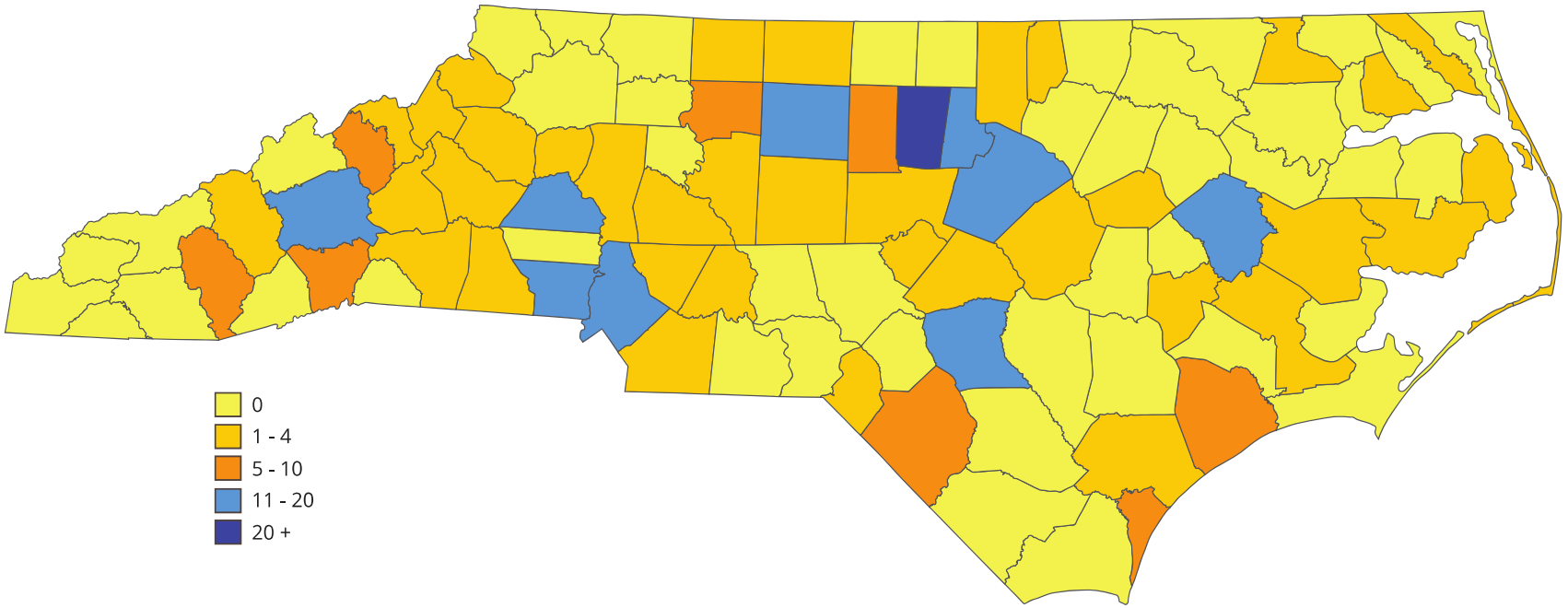
Nurse-Midwives in North Carolina

Number of Practicing Certified Nurse-Midwives in North Carolina by County



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Improving Outcomes

CNMs provide comparable or better care than MDs on the following measures[1,2,3]:

- Rates of augmentation or induction of labor, VBAC, cesarean section, episotomy and significant obstetric laceration, operative vaginal delivery, use of analgesia/anesthesia.
- Breastfeeding, Apgars, Low Birth Weight Infants, and NICU admissions.

Containing Costs

Midwifery Care is proven to be Cost Effective[11]

- Midwifery care results in fewer cesarean births than physician care for equally low-risk women. Every 1,000 women who avoid unnecessary cesarean births amounts to over $7 million in health care cost savings.
- During pregnancy, 9% fewer women in collaborative care than in physician only care make costly visits to the Emergency Room.

Containing Costs

- In North Carolina, 53% of births were funded by Medicaid in 2010[9].
- Women of childbearing age in North Carolina are more likely than the national average to live in poverty and be uninsured[10].
- Washington State demonstrated an average Medicaid savings of 7% when CNMs cared for low risk patients in the hospital vs. an MD provider[13].

A Note About: Home Birth

- Nationwide, 98.8% of births happen in a hospital, and most CNMs work in hospitals[14].
- Nurse-Midwives and Ob/Gyns are trained to deliver in all settings: hospitals, birth centers and homes.
- Multiple studies have shown planned home birth **when attended by a licensed Nurse-Midwife** to be as safe as hospital delivery.

What Do the Experts Say?

American College of Obstetricians & Gynecologists:

"Ob-gyns and Certified Nurse-Midwives 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."

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American College of Obstetricians & Gynecologists:

"Ob-gyns and Certified Nurse-Midwives should have access to a system of care that fosters **collaboration among licensed, independent providers.**"

Joint Statement with American College of Nurse-Midwives, February 2011

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American College of Obstetricians & Gynecologists:

"This does not necessarily imply the physical presence of the physician when care is being given by the Certified Nurse-Midwife, **nor statutory language requiring supervision of the Certified Nurse-Midwife."** Joint Statement with American College of Nurse-Midwives, 2001

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Institute of Medicine:

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

"No studies suggest that care is better in states that have more restrictive scope-of-practice regulations for APRNs than in those that do not. **The cost of care is increased and much time is wasted by unnecessary physician supervision.** (Certified Nurse-Midwives) should practice to the full extent of their education and training."

"Future of Nursing" Report, 2010

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Federal Trade Commission:

"Removing this (physician supervision) requirement has the potential to benefit consumers by **expanding choices for patients, containing costs, and improving access.** Any unnecessary restrictions… are likely to exacerbate access problems and thereby harm some of the most vulnerable patients."

Office of Policy Planning, Bureau of Competition, and Bureau of Economics, March 2013

Physician's Foundation:

"A number of the state medical society executives…expressed concern that they had very little hard data and few, if any, empirical studies with which to refute the growing body of research presented by non-physicians and their advocates—**research that tends to show that their clinical outcomes are at least as good as those of physicians.**"

Physician's Foundation:

"The difficulty for physicians is that… **in fact they often do have a financial stake in these scope of practice conflicts**—a reality that almost all of the physicians and medical society executives we interviewed acknowledged."

"Accept No Substitute: A Report on Scope of Practice", November 2012

John M. Thorp, Jr., MD

Director, Women's Primary Healthcare, UNC-Chapel Hill School of Medicine

"(Removing physician supervision) would reflect how the rest of the country regulates Nurse-Midwifery; it'd increase the ability and likelihood of Certified Nurse-Midwives to practice in underserved and rural areas where there's not readily available physician coverage. **The move in that direction will improve the health of women and children in North Carolina."**

Thomas S. Ivester, MD, MPH

Associate Professor, Maternal-Fetal Medicine, UNC School of Medicine

"The requirement for supervision is a barrier to practice, which does not improve outcomes. **Maintaining this outdated requirement of supervision serves only to limit the availability and access to the care of safe and qualified maternity care providers,** which the families of North Carolina need and deserve."

Peter Morris, MD, MPH, MDiv

Past President, North Carolina Pediatric Society
Former Medical Director, Wake County Human Services

"There is great literature that shows the extensive training that Certified Nurse-Midwives receive, and literature showing that they can and do practice independently. **The effect of requiring physician 'supervision' is to limit these competent providers at a time when we need more, not less, access.**"

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Maria Cristina Munoz, MD, MS

Associate Professor, Department of Obstetrics and Gynecology
UNC School of Medicine

"I have been a general obstetrician-gynecologist for 25 years. I work with a group of very experienced Nurse-Midwives. **They are capable of working independently, and indeed many have worked in the military and in other states without the requirement of physician supervision.** We have distinct but complementary skill sets, and we work best as peers."

Recommendations

Recommendations:

- Modernize the Midwifery Practice Act of 1983 by removing the requirement that Nurse-Midwives obtain signed supervisory agreements with physician colleagues.
- Require continued collaborative practice based on the needs of the patient.

Removing Supervisory Agreements would:

- Maintain Physician Oversight and continued high standards of practice through the Midwifery Joint Committee.
- Ensure continued appropriate collaboration/co-management between licensed providers.
- Expand access to Nurse-Midwives' services into underserved areas.
- Lower healthcare and Medicaid costs.

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Questions?

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- 2. http://midwife.org/ACNM/files/ccLibraryFiles/Filename/000000002128/Midwifery%20Evidence-based%20Practice%20Issue%20Brief%20FINALMAY%202012.pdf
- 3. Comparison of Labor and Delivery Care Provided by Certified Nurse-Midwives and Physicians: A Systematic Review, 1990 to 2008
- 4. http://www.shepscenter.unc.edu/hp/2011/maps/cnmpop2011.pdf
- 5. http://www.marchofdimes.com/peristats/pdflib/998/premature-birth-report-card-North-Carolina.pdf
- 6. http://www.marchofdimes.com/Peristats/pdflib/999/pds_37_all.pdf
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- 13. Personal communication Jesse Bushman
- 14. IOM “Birth Settings in the U.S.”