Chairs and members of the Appropriations Committee:

I am writing in support of SB 837: An Act Concerning Medicaid Payment Rates for Nurse-Midwives. My name is Michelle Killingsworth. I am a Certified Nurse Midwife (CNM) and owner of the primary midwifery practice, With Women Wellness, which provides ob/gyn healthcare in Manchester, CT. We are one of the few midwifery practices in the state where gyn, prenatal care, and birth services are provided exclusively by CNMs, with 24/7 coverage for birth in the hospital setting. Over the past four years in business, we have attended 560 births at Manchester Memorial Hospital. Our safety and health outcome statistics are impressive. Our overall cesarean rate is just 13%, approximately 19% less than the national average and 21% less than the 2018 cesarean section rate for CT Medicaid patients. This one benchmark, for our small practice alone, represents a savings of at least $510350 in healthcare costs. Primary midwifery care demonstrates improved outcomes for babies as well. Our exclusive breastfeeding rate is 91% and our NICU admission rate is just 5%. Similar outcomes have repeatedly been achieved in studies using the primary midwifery model care and are therefore considered to be hallmarks of midwifery care. Even more important than healthcare savings, these benchmarks translate in to decreased maternal fetal mortality rates.

Despite our stellar performance indicators, we are reimbursed by Medicaid at 90% of what physicians receive for the same billed services. Medicaid/Medicare sets precedent for private, commercial insurers, therefore midwifery reimbursement is not equal to physician reimbursement for the same service with many private insurers as well. Nurse-midwives are often reimbursed rates that are 10-20% less than their physician counterparts. As a business owner receiving reduced payments for care that is high-quality and time intensive, I have directly experienced the impact that lesser reimbursement rates have on my ability to serve women. Low reimbursement rates have delayed hiring additional midwives, thereby decreasing access to midwifery care for women. We have also had to make the difficult consideration, that at some point in the future, we may cease accepting patients with insurance that does not reimburse midwifery care equitably. This is not a decision we would take lightly, due to our fundamental commitment to serve women across all socioeconomic backgrounds. Medicaid recipients are often the women who would benefit most from improved outcomes that midwifery care is associated with. These are the women who can least afford a poor outcome. The trickle down effect of poor obstetric outcomes on overall public health and economics is immense.

While approving this bill would reflect a minor increase in state appropriation needs for Medicaid, the ultimate cost savings and improvement in health outcomes and benefits to the families in Connecticut would quickly and easily, far surpass the cost. It is simply the right thing to do, fiscally and ethically.

Thank you for your time and consideration,
Michelle Killingsworth, CNM