Bill Number 7148: AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNium ENDING JUNE THIRTIETH, 2021, AND MAKING APPROPRIATIONS THEREFOR.

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Chairs and members of the Appropriations Committee,

Please include funds in the budget to equalize reimbursement rates for Nurse-Midwives in the Medicaid Program. Connecticut is an anomaly among all other New England states in its inequitable Medicaid reimbursement of services by certified nurse-midwives (CNMs) compared to the same service provided by ob/gyn physicians. There is no more egregious example of this discrepancy than in the case of the global fee, which is the fee paid to a provider or practice for a woman’s entire package of prenatal care, labor, and delivery, and includes the treatment of routine gynecological conditions during scheduled prenatal visits. This fee is billed under the provider who delivers the baby.

In the case of physician-owned practices that employ midwives, a midwife and a physician are on call simultaneously, providing the optimal care by a low-intervention CNM backed up by a skilled physician in case an emergency arises during the course of labor. However, if a midwife happens to attend the birth of a mother with Husky insurance, the practice is paid 10% less than a physician would be paid for the entire global fee, even if a physician saw her for every prenatal visit, and took care of her until just before the birth. Thus, the practice that provides double the workforce and superior care in labor is not even paid at the same rate as a single physician.

I am employed by such a practice, in which the expansion of midwifery services has allowed CNMs to cover almost 100% of our call schedule, and deliver about 60% of all vaginal births. Though our patients are better served and more satisfied with the newly expanded midwifery coverage, our practice’s income has dropped now that more of our deliveries are attended by CNMs, due to the reduction in Medicaid global fee payments. How long before a group such as ours decides it is not worth it to have midwives take care of woman with Medicaid insurance, or stop taking Medicaid altogether? As CNMs decrease the use of costly intervention and provide needed care to underserved women, the state of Connecticut has much to gain by instituting income parity to ensure that the midwifery workforce is able to expand to meet the great demand.

Respectfully,
Stephanie Welsh, CNM, MSN