To: State of Connecticut Appropriations
From: Erin Morelli, MSN, CNM, CLC, C-EFM
5 Redcoat Lane
Trumbull, CT 06611
Re: Public Testimony for Bill Number 7148
Date: March 1st, 2019

Dear Connecticut Lawmakers,
I am writing regarding Bill 7148: An act concerning the state budget for the biennium ending June Thirtieth, 2021, and making appropriations therefor.

I am asking that you please include funds in the budget to equalize reimbursement rates for Nurse-Midwives in the Medicaid program. In 2011, Certified Nurse-Midwives gained equitable reimbursement under Medicare as part of the Affordable Care Act. However, in Connecticut, nurse-midwives are reimbursed at 90% of the physician rate. Our neighbors in Massachusetts, Rhode Island, Maine, Vermont, and New Hampshire all reimburse nurse-midwives at 100% for caring for patients with Medicaid.

The United States currently ranks 47th in the world and has the highest maternal mortality rate among developed nations. International research published in The Lancet (2014) recognized midwifery as the most effective model when integrated into health systems with referral pathways and results in decreased interventions, including a lower Cesarean section rate, and midwives have excellent maternal and newborn outcomes.

Currently, midwives attend 9.6% of all births in Connecticut and 14.6% of all vaginal births. The United States Cesarean section rate is 31.9%. Unfortunately, the Connecticut Cesarean section rate is 34.8%. Much research has shown that in health care systems that invest in women and in midwives, that the average Cesarean section rate is less than 15%.

Medicaid financed 43% of all US births in 2017. In 2018, Connecticut Medicaid paid for 10,027 vaginal births and 5,166 Cesarean births (34% cesarean section rate). A vaginal birth is reimbursed at $7,870 per birth and a Cesarean at $10,973.53 per birth. If we are to decrease the Cesarean section rate to 15%, it would be at a cost savings of almost $9 million dollars.

Inequitable reimbursement for midwives discourages practices owned by MDs to expand their midwifery services, decreases the ability for practices to attract midwives to CT, and is an obstacle for autonomous midwifery practices to expand care.
Thank you for your time and consideration is equitable reimbursement for maternity services for patients with Medicaid being cared for my nurse-midwives.

Sincerely,

[Signature]

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